

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008031

FILED  
Nov 10, 2009  
Secretary of State

**Entity Name:** NEW COVENANT WORSHIP CENTER OF AVON PARK, INC.

**Current Principal Place of Business:**

1121 MEMORIAL DRIVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8191  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 20-3092034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DONALDSON, DEVON P  
120 SOUTH ANOKA AVE  
AVON PARK, FL 33825      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEVON P. DONALDSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COBB, JAMES MICHAEL  
Address: 1121 MEMORIAL DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: VP      ( ) Delete  
Name: VARIS, SAMUEL  
Address: 1121 MEMORIAL DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: S      (X) Delete  
Name: TAYLOR, TAYNA  
Address: 1121 MEMORIAL DRIVE  
City-St-Zip: AVON PARK, FL 33825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL VARIS

VP

11/10/2009

Electronic Signature of Signing Officer or Director

Date