

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005370

FILED
Oct 12, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF BUSHNELL DAYCARE, INC.

Current Principal Place of Business:

125 WEST ANDERSON AVE
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

125 WEST ANDERSON AVE
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

TAYLOR, AMANDA
910 NORTH MAIN STREET
SUITE 205
BUSHNELL, FL 33513 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: AMANDA TAYLOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAWKINS, R LEE JR.
Address: PO BOX 97
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D (X) Delete
Name: COSSIN, LETHA
Address: PO BOX 264
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: TAYLOR, AMANDA
Address: 392 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: PARRISH, WENDY
Address: PO BOX 953
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: ECKENRODE, MERT
Address: PO BOX 250
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: MOFFITT, JAMES
Address: PO BOX 92
City-St-Zip: BUSHNELL, FL 33513

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:

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: SARAH DOYLE

OM

10/12/2009

Electronic Signature of Signing Officer or Director

Date