

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 12, 2009  
Secretary of State**

DOCUMENT# N08000005370

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:**

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

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

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

Electronic Signature of Signing Officer or Director

OM

10/12/2009

Date