

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09209

FILED
Sep 25, 2007
Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

5020 NW 23RD AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

5020 NW 23RD AVE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-6546053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

HORNER, PAUL E
5020 NW 23 AVE.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

CUSTER, HAROLD W
5020 NW 23 AVE.
GAINESVILLE, FL 32606 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: DR. HAROLD W. CUSTER

09/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORNER, PAUL E
Address: 5020 NW 23 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: PARKER, SAM
Address: 3530 NW 36 PL
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: HAUFLER, OSCAR
Address: 2318 NW 90TH TER
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CUSTER, HAROLD W DR.
Address: 5020 NW 23 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

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: HAROLD W CUSTER

DR.

09/25/2007

Electronic Signature of Signing Officer or Director

Date