

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000003662

FILED  
Oct 23, 2014  
Secretary of State

**Entity Name:** ONE BODY COVENANT FELLOWSHIP INC.

**Current Principal Place of Business:**

2110 SW 5TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

2110 SW 5TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MOORE, TIKISHA P  
2110 SW 5TH STREET  
OCALA, FL 34471 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: TIKISHA P MOORE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: MOORE, JERMAINE V SR.  
Address: 2110 SW 5TH STREET  
City-St-Zip: Ocala, FL 34471 US

Title: S  
Name: MCCLUSTER, CRYSTAL  
Address: 2110 SW 5TH ST.  
City-St-Zip: Ocala, FL 34471

Title: T  
Name: MOORE, WILLIAM T  
Address: 2110 SW 5TH ST.  
City-St-Zip: Ocala, FL 34471

Title: BM  
Name: WATKINS, HALSEY  
Address: 2110 SW 5TH ST.  
City-St-Zip: Ocala, FL 34471

Title: BM  
Name: MOORE, HENRY  
Address: 2110 SW 5TH ST.  
City-St-Zip: Ocala, FL 34471

Title: BM  
Name: MCCLUSTER, MELVIN  
Address: 2110 SW 5TH ST.  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: JERMAINE V MOORE SR

PRE

10/23/2014

Electronic Signature of Signing Officer or Director

Date