

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13401

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

**Entity Name:** CLUSTER SPRINGS BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1333 COUNTY HWY 1084  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

1333 COUNTY HWY 1084  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 59-1957126      **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:**

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

COON, J.B.  
1431 BROWN RD.  
DEFUNIAK SPRINGS, FL 32433      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: J.B. COON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: COON, J.B.  
Address: 1431 BROWN ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD      ( ) Delete  
Name: MILLER, TERRY J  
Address: 748 THOMPSON ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T      ( ) Delete  
Name: BISHOP, ANGELA H  
Address: 1293 MCCULLOUGH RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D      ( ) Delete  
Name: BELL, BOBBY L  
Address: 791 DR NELSON RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**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:

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: J.B. COON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/12/2009

\_\_\_\_\_  
Date