
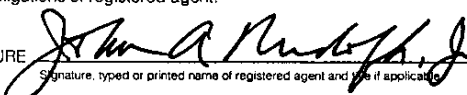



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N26736</b><br>1. Entity Name<br><b>FAITH COUNSELING CENTER, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>211 DELTA COURT<br/>TALLAHASSEE, FL 32303 US</b>  |   |   | Mailing Address<br><b>P O BOX 3923<br/>211 DELTA CT<br/>TALLAHASSEE, FL 32315 US</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State  |   | City & State                                  |  |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>59-2899120</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WATKINS, MARGIE C<br/>211 DELTA COURT<br/>P O BOX 3923<br/>TALLAHASSEE, FL 32315</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>John A. Rudolph, Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1680 Metropolitan Circle</b><br>City <b>Tallahassee</b> <b>FL</b> <b>32308</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |   |  |   |  |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and fee if applicable</small>  |   |   | <b>21 SEPTEMBER, 2005</b><br><small>(NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$236.25<br/>After January 1, 2006, Fee will be \$297.50</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SMITH, CLARA JANE<br>PO BOX 3923<br>TALLAHASSEE, FL 32315         | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>JOHNSON, EMORY<br>PO BOX 3923<br>TALLAHASSEE, FL 32315            | <input checked="" type="checkbox"/> Delete    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>BENNETT, CHARLES REV.<br>P.O. BOX 33<br>THOMASVILLE, GA 31799      | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AD<br>WATKINS, MARGIE C<br>211 DELTA COURT<br>TALLAHASSEE, FL 32303     | <input checked="" type="checkbox"/> Delete    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>SHOCKLEY, MICHAEL<br>PO BOX 3923<br>TALLAHASSEE, FL 32315         | <input checked="" type="checkbox"/> Delete    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Phyllis English<br>4267 English Lane<br>Tallahassee, Florida 32301 |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Ann Camp<br>2307 Ellicott Dr.<br>Tallahassee, FL 32312             |   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <b>9/21/05</b><br><small>Date Daytime Phone #</small>  |   |  |

**FILED**

05 SEP 21 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



99202005 REIN-NP CR2E099 (6/04)

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, MARGIE C  
211 DELTA COURT  
P O BOX 3923  
TALLAHASSEE, FL 32315

Name John A. Rudolph, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1680 Metropolitan Circle  
City Tallahassee FL 32308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  21 SEPTEMBER, 2005  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SMITH, CLARA JANE  
STREET ADDRESS PO BOX 3923  
CITY-ST-ZIP TALLAHASSEE, FL 32315  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE SD  
NAME JOHNSON, EMORY  
STREET ADDRESS PO BOX 3923  
CITY-ST-ZIP TALLAHASSEE, FL 32315  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE T  
NAME BENNETT, CHARLES REV.  
STREET ADDRESS P.O. BOX 33  
CITY-ST-ZIP THOMASVILLE, GA 31799  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE AD  
NAME WATKINS, MARGIE C  
STREET ADDRESS 211 DELTA COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32303  
☒ Delete

TITLE D  
NAME Phyllis English  
STREET ADDRESS 4267 English Lane  
CITY-ST-ZIP Tallahassee, Florida 32301  
☒ Change ☐ Addition

TITLE VP  
NAME SHOCKLEY, MICHAEL  
STREET ADDRESS PO BOX 3923  
CITY-ST-ZIP TALLAHASSEE, FL 32315  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE D  
NAME Ann Camp  
STREET ADDRESS 2307 Ellicott Dr.  
CITY-ST-ZIP Tallahassee, FL 32312  
☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  9/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #