



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N34758 1. Entity Name ONE CHURCH, ONE CHILD OF FLORIDA, INC.					
Principal Place of Business 111 WEST MADISON STREET RM 806 CLAUDE PEPPER BLDG. TALLAHASSEE, FL 32399				Mailing Address 111 WEST MADISON STREET RM 806 CLAUDE PEPPER BLDG. TALLAHASSEE, FL 32399	
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">06 OCT 20 PM 1:36</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10202006 REIN-NP CR2E099 (11/05) 06	
Zip		Country		4. FEI Number 56-3480657	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANE, BEVERLY 111 WEST MADISON STREET RM 806 CLAUDE PEPPER BLDG. TALLAHASSEE, FL 32399				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u>Beverly Lane, President,</u> 10/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, BEVERLY 8709 TANTALLON CIRCLE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.2em;">800081154558</div> <div style="text-align: center; font-size: 0.8em;">10/24/06--01045--010 **70.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOUGLAS, EUSTACE 465 COTTAGEWOOD LANE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIXON, RUSHIA L 1919 NAVAHO AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS TUCKER, MARIAN 2806 OKEECHOBEE ROAD FT. PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS DIXON, RENITA A 101 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Beverly Lane</u> <u>Beverly Lane</u> 10/20/06 850/414-5620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					