

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41893

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: CHARITY CHRISTIAN FELLOWSHIP, INC.

## Current Principal Place of Business:

3246 WEST COLUMBUS DRIVE  
HALL "C"  
TAMPA, FL 33607

## New Principal Place of Business:

3246 WEST COLUMBUS DRIVE  
HALL  
TAMPA, FL 33607

## Current Mailing Address:

P.O. BOX 82166  
TAMPA, FL 33682

## New Mailing Address:

FEI Number: 59-3052063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPDEVILA, LOUIS A  
3246 WEST COLUMBUS DRIVE  
HALL "C"  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

CAPDEVILA, LOUIS A  
3246 WEST COLUMBUS DRIVE  
HALL  
TAMPA, FL 33607 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: LOUIS A CAPDEVILA

07/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAPDEVILA, LOUIS A  
Address: 29641 BAYHEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: VD ( ) Delete  
Name: CAPDEVILA, DANIEL M  
Address: 29641 BAYHEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: STD ( ) Delete  
Name: CAPDEVILA, ANITA E  
Address: 29641 BAYHEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: ASAT ( ) Delete  
Name: GIDEONS, WAYNE C  
Address: 2953 FOREST CIRCLE  
City-St-Zip: SEFFNER, FL 33584

## 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: LOUIS A CAPDEVILA

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date