2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

HOSFORD COMMUNITY CHURCH, INC. OF AUG 24 AM 9: 29 SECRETARY United States		MENT # N51010			FILE	\mathbf{O}			
15386 NE SR 65 1538	1. Entity Name HOSFORD COMMUNITY CHURCH, INC.				0	16 AUG 24 AF	9: 29		
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Suris, Api, #, etc. Suris, Ap	2. Principal P	lace of Business							
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Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 A	·					-NP CR2E0			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 10. Name Address of New Registered Agent 11. Name Address of New Registered Agent 12. Name Address of New Registered Agent 13. Name Address of New Registered Agent 14. Name Address of New Registered Agent 15. Name Agent Address of New Registered Agent 15. Name Address of New Registered Agent 15. Name Address of New Registered Agent 15. Name Agent Address of New Registered Agent 15. Name Agent Address of New Registered Agent 16. Name Agent Agent 16. Name Agent Agent Agent Agent 16. Name Agent A	City & State					ABLE			
Name Sirest Address (P.O. Box Number is Not Acceptable)	Zip	Country	1' Zig 137 4 1	Country	5. Certificate of Statu	s Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	ss of New Registered	Agent		
City FL Zip Code I. 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. ISIGNATURE Signature, typeo or private name of registered agent and talls it applicable. (MOTE: Registered Agent algorature required when relinationing) DATE	HOSFORD, KENNETH L								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Styrature Styrature			Oli dell' Addidos						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State. Comparison of registered agent, or both, in the State of Florida Department of State.		•	City		<u></u>	Zip Code	e		
The obligations of registered agent. Signature Si	8. The above	named entity submits this statement for	or the purpose of changing its red	istered office or regist	ered agent or both in the		<u>. </u>		
FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. OFFICERS AND DIRECTORS				olo. do oli. og ol	orde agoni, or bean, in the	o cialo di Fiorica.	racining inter,	and docupi	
FILE NOW!!! FEE IS \$122.50 In accordance with s, 607.193(2)(b), F.S., the corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE DT HOSFORD, JOYCE MAKE HOSFORD, FL 32334 ITILE DT HOSFORD, DUNCAN SREET ADDRESS STREET ADDRESS HOSFORD, FL 32334 CITY-ST-2P THE DT HOSFORD, FL 32334 CITY-ST-2P THE DT Delete TITLE DT Delete TITLE DT DELET DOSFORD, FL 32334 CITY-ST-2P THE DT DELET DOSFORD, FL 32334 CITY-ST-2P THE DT DELET DT DELET DT DELET DOSFORD, FL 32334 CITY-ST-2P THE DT DELET DT DELET DELET DT DELET DELET DT DELET DELET DT DELET DELET	SIGNATURE .								
Corporation did not receive the prior notice. Corporation did not receive the prior notice. Florida Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NOTE; Re	gistered Agent signature req	uired when reinstating)	DATE	<u>.</u>		
TILE									
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	CITY-ST-ZIP		h this filling does not qualify for t		ed in Chanter 110. Florid	la Statutac I further es	etifu that the	plormation	
2. I hereby certify that the information supplied with this filling 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 regulined 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 suppowered.									
SIGNATURE: 1800 647-2272									