

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N51010

1. Entity Name  
HOSFORD COMMUNITY CHURCH, INC.



FILED

06 AUG 24 AM 9:29

Principal Place of Business  
15386 NE SR 65  
HOSFORD, FL 32334

Mailing Address  
15386 NE SR 65  
HOSFORD, FL 32334

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 05-04

2. Principal Place of Business

3. Mailing Address

P.O. Box 268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242006

REIN-NP

CR2E099 (11/05)

City & State

City & State

Hosford, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

32334

Country

Liberty

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOSFORD, KENNETH L  
S.R. 65 N. KENT RD.  
HOSFORD, FL 32334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

TITLE DT  
NAME HOSFORD, JOYCE  
STREET ADDRESS 15386 NE SR 65  
CITY- ST- ZIP HOSFORD, FL 32334 ☐ Delete

TITLE DT  
NAME HOSFORD, DUNCAN  
STREET ADDRESS S.R. 65 NORTH  
CITY- ST- ZIP HOSFORD, FL 32334 ☐ Delete

TITLE DT  
NAME HOSFORD, KEN  
STREET ADDRESS S.R. 65 N. KENT RD.  
CITY- ST- ZIP HOSFORD, FL 32334 ☐ Delete

TITLE DT  
NAME HOSFORD, RUSSELL  
STREET ADDRESS S.R. 65 NORTH  
CITY- ST- ZIP HOSFORD, FL 32334 ☐ Delete

TITLE DT  
NAME KITTE, CARTER  
STREET ADDRESS 6550 HIDDEN LAKES DR.  
CITY- ST- ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE DT  
NAME MCMILLAN, SUNDAE  
STREET ADDRESS 3802 PINEY GROVE DR.  
CITY- ST- ZIP TALLAHASSEE, FL 32311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 300079213953  
STREET ADDRESS 08/29/06--01018--004 \*\*131.25  
CITY- ST- ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06 (850) 647-2272  
Date Daytime Phone #