

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 Rev


FILED

05 NOV 21 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292005 REIN-NP CR2E099 (6/04)

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N93000000779 | | | |  | |
| 1. Entity Name CHURCH OF CHRIST AT 1120 SOUTH THOMPSON AVENUE, DELAND, FLORIDA INCORPORATED | | | | | |
| Principal Place of Business 1120 S THOMPSON AVE DELAND, FL 32720 | | | Mailing Address 1120 S. THOMPSON AVE. DELAND, FL 32720 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2483282 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JENKINS, CHARLIE J 523 WEST HUBBARD AVENUE DELAND, FL 32720 | | | 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 <u>Charlie Jenkins</u> <u>Charlie Jenkins</u> <u>11-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD JENKINS, CHARLIE J 523 W HUBBARD AVENUE DELAND, FL 32720 <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 | VPD HOUSTON, LEROY 629 CEDAR PARK DR. DAYTONA BEACH, FL 32114 <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 | DS SMITH, JOAN 814 W FRANKLIN ST. DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500061555895 11/21/05--01003--002 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DEROSE, MILDRED P.O. BOX 1602-1505 S ADELLE AVENUE DELAND, FL 32720 <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 | D FRANKS, JEFFREY 1167 BALFOUR DRIVE DELTONA, FL 32725 <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 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 officers empowered. | | | | | |
| SIGNATURE: <u>Charlie Jenkins</u> <u>Charlie Jenkins</u> <u>11-1-05</u> <u>386-758-7014</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |