

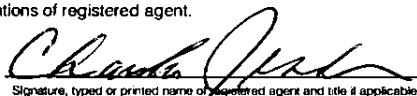
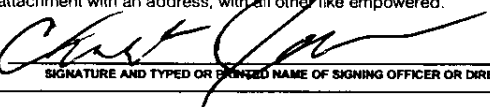


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000000779 1. Entity Name CHURCH OF CHRIST AT 1120 SOUTH THOMPSON AVENUE, DELAND, FLORIDA INCORPORATED						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV 20 PM 5:09			
Principal Place of Business 1120 S THOMPSON AVE DELAND, FL 32720				Mailing Address 1120 S. THOMPSON AVE. DELAND, FL 32720				<h2 style="margin: 0;">REINSTATEMENT 06</h2> 	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2483282		Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10102006 REIN-NP		CR2E099 (11/05)			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country						
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 				DATE 11/20/06					
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, 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	300081919723 11/20/06--01004--022 **236.25				
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	<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 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: 				Date 11/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #					