2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000003384

FILED Apr 24, 2007 Secretary of State

Entity Name: THE REBEKAH ASSEMBLY, INDEPENDENT ORDER OF ODD FELLOWS, JURISDICTION OF

FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 12638 3539 FOX RIDGE BLVD TALLAHASSEE, FL 323172638 US ZEPHYRHILLS, FL 33543

Current Mailing Address: New Mailing Address:

PO BOX 12638 3539 FOX RIDGE BLVD

TALLAHASSEE, FL 323172638 US ZEPHYRHILLS, FL 335436109 US

FEI Number: 59-3197000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HELDEBRAND, BETH
5500 N MONROE ST
TALLAHASSEE, FL 32303 US
WAITE, MYRNA L
3539 FOX RIDGE BLVD
ZEPHYRHILLS, FL 33543 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: MYRNA L. WAITE 04/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition

 Name:
 SKIDSELL, MONA M
 Name:
 LANCE, NORMA L

 Address:
 2001 PINE ST
 Address:
 7337 68TH ST.

City-St-Zip: SAINT CLOUD, FL 34769 US City-St-Zip: PINELLAS PARK, FL 33781 US

Title: D () Delete Title: VD (X) Change () Addition Name: JACOBS, SHERRY A Name: ADAMS, SARAH

Address: 14612 OLD FOREST CT Address: 23 HENRY ST

City-St-Zip: ORLANDO, FL 32826 City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete Title: WD (X) Change () Addition

 Name:
 WAITEL, MYRNA
 Name:
 HILDEBRAND, BETH

 Address:
 3539 FOX RIDGE BLVD
 Address:
 6748 JOHNSTOWN LOOP

 City-St-Zip:
 ZEPHYRHILLS, FL 33543
 City-St-Zip:
 TALLAHASSEE, FL 32317

Title: TD () Delete Title: () Change () Addition

 Name:
 COX, MARTHA L
 Name:

 Address:
 2135 TRAYMORE ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

 $\label{eq:title:title:title:total} \mbox{Title:} \mbox{ VD } \mbox{ () Delete } \mbox{ Title: } \mbox{ SD } \mbox{ (X) Change () Addition}$

 Name:
 DUKES, SHARON A
 Name:
 WAITE, MYRNA L

 Address:
 109 FONTAINE DR
 Address:
 3539 FOX RIDGE BLVD

 City-St-Zip:
 THOMASVILLE, GA 317924106
 City-St-Zip:
 ZEPHYRHILLS, FL 33543

Title: SD () Delete Title: D (X) Change () Addition

Name: HILDEBRAND, BETH Name: DUKES, SHARON A
Address: 6748 JOHNSTOWN LOOP Address: 1096 FONTAINE DR.

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: THOMASVILLE, GA 317924106

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRNA L. WAITE SD 04/24/2007