

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001232 1. Entity Name ONESIPHORUS GOSPEL OF CHRIST, INC.					
Principal Place of Business 2227 CHESTNUT HILL DR. LAKELAND, FL 33805			Mailing Address 2227 CHESTNUT HILL DR. LAKELAND, FL 33805		
2. Principal Place of Business <i>1506 Olive St</i> Suite, Apt. #, etc.		3. Mailing Address <i>613 Oregon Ave</i> Suite, Apt. #, etc.			
City & State <i>Lakeland FL</i>		City & State <i>Lakeland</i>		4. FEI Number 59-3247397	
Zip <i>33815</i>		Country <i>Pol/K</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMPSEY, LEO E SR. 1506 OLIVE STREET LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <i>Leo E. Dempsey Sr.</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMPSEY, LEO E SR. 2227 CHESTNUT HILL DRIVE LAKELAND, FL 33805	<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	TD DEMPSEY, MAY 2227 CHESTNUT HILL DRIVE LAKELAND, FL 33805	<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	SD DEMPSEY, DAWN 2227 CHESTNUT HILL DRIVE LAKELAND, FL 33805	<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	CD DEMPSEY, KIMBERLY N 2227 CHESTNUT HILL DRIVE LAKELAND, FL 33805	<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	VCD DEMPSEY, SOPHIA 2227 CHESTNUT HILL DRIVE LAKELAND, FL 33805	<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 DEMPSEY, JOAN 6136 AMBASSADER DR. ORLANDO, FL 32808	<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 like empowered.					
SIGNATURE: <i>Leo E. Dempsey Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

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