

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N94000002368</b> 1. Entity Name <b>BEACON BAPTIST CHURCH OF PORT ORANGE, INC.</b>					
Principal Place of Business <b>2315 BEVILLE ROAD DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>2315 BEVILLE ROAD DAYTONA BEACH, FL 32119 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-3245064</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WASH, ALBERT 1601 BIG TREE ROAD #1204 SOUTH DAYTONA, FL 32119</b>			7. Name and Address of New Registered Agent Name <b>Dannie Webster</b> Street Address (P.O. Box Number is Not Acceptable) <b>184 Gull Circle N</b> City <b>Daytona Beach</b> FL Zip Code <b>32119</b>		
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 <b>Dannie Webster</b> <i>[Signature]</i> <b>11/19/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WASH, ALBERT 1601 BIG TREE RD #1204 DAYTONA BEACH, FL 32119</b> <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	P <b>WEBSTER, DANNIE 184 GULL CIRCLE, N. DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>500138239715</b> <b>11/24/08--01062--011 **236.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WEBSTER, LARRY 101 N. RIVERSIDE DR. #706 NEW SMYRNA BEACH, FL 32168</b> <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 <b>RITCHEY, FRANK 115 LAKESIDE CIR ST PORT ORANGE, FL 32128</b> <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  <b>REINSTATEMENT</b> <b>2008</b>		
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  <i>[Signature]</i>		
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.					
<b>SIGNATURE: Dannie Webster</b> <i>[Signature]</i> <b>11/19/08 386-451-9873</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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