


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000001310	
1. Entity Name WORLD HARVEST CHRISTIAN CENTER, INC.	

Principal Place of Business 2921 DUFF ROAD LAKELAND, FL 33810 US	Mailing Address 2921 DUFF ROAD LAKELAND, FL 33810 US
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2. Principal Place of Business - No P.O. Box # 257 N. Sloan Ave.	3. Mailing Address P.O. Box 1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL	City & State Lakeland FL
Zip 33815	Zip 33802
Country U.S.	Country U.S.

FILED  
07 APR 21 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272007 REIN-NP CR2E099 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, CORDELL 2232 CINNAMON WAY, NORTH LAKELAND, FL 33801
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 257 N. Sloan Avenue City Lakeland FL Zip Code 33815
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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, and accept the obligations of registered agent. SIGNATURE <u>Cordell Allen</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	100102650971 05/16/07--01043--010 **122.50 4/21/07 DATE
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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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
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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: <u>Cordell Allen</u> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/21/07 (883) 934-9334 Date Daytime Phone #
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05/16/07--01043--011 \*\*8  
4/21/07