## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N95000003347

FILED Oct 05, 2005 Secretary of State

Entity Name: CALVARY BAPTIST CHURCH, LAKELAND, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1945 N FLORIDA AVENUE LAKELAND, FL 33805 **Current Mailing Address: New Mailing Address:** 1945 N FLORIDA AVENUE LAKELAND, FL 33805 FEI Number: 59-6012050 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: BUFORD, EDWARD E 1329 HAMMOCK SHADE DR LAKELAND, FL 33809 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: EDWARD E BUFORD Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BUFORD, EDWARD E Name: Name: 1329 HAMMOCK SHADE DR Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BATES, CLEVE Name: Address: 1236 COSTINE DR Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition MOORE, SAM Name: NORWOOD, GEORGE Name: 2720 EVERLETH DR 7309 QUAIL MEADOW ROAD Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: PLANT CITY, FL 33565 ( ) Delete Title: Title: DS (X) Change ( ) Addition BATES, TIM Name: Name: BATES, TIM 1346 TIMBERIDGE LOOP S 1346 TIMBERIDGE LOOP S Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD E BUFORD PD 10/05/2005