

15/062

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 24 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900143192239  
02/09/09--01058--016 \*\*297.50



REINSTATEMENT 08-05  
1114308 REIN-NP CR2E099 (1707)

<b>DOCUMENT # N97000000800</b>	
1. Entity Name <b>CANOPY ROADS BAPTIST CHURCH, INC.</b>	



Principal Place of Business <b>925 BANNERMAN ROAD TALLAHASSEE, FL 32312</b>	Mailing Address <b>925 BANNERMAN ROAD TALLAHASSEE, FL 32312</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3437932</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>HALL, MATTHEW 925 BANNERMAN ROAD TALLAHASSEE, FL 32312</b>	



7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

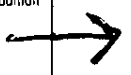
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1-28-09</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMT MC COY, TONY 10572 WINTERS RUN TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMT THEOBALD, RICK 3208 HORSESHOE TRL. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMT DAVIS, WAYNE 6343 BELGRANDE DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMT NULL, ALAN 7582 CAMERO DRIVE TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMT HARPER, RICK 6329 LOMA FARM CT. TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Math Hall 3416 Native Dancer Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Theobald, Rick 3208 Horseshoe Trail Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Vance Ruthenford 1620 Folkstone Rd. Tallahassee, FL 32312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. James Mayne 2910 Kerry Forrest Pkwy, D4-350 Tallahassee, FL 32309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Brad Gwartney 3447 Briar Branch Tr. Tallahassee, FL 32312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Bob West 9429 Buck Haven Trail Tallahassee, FL 32312 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-28-09</b> <small>Daytime Phone #</small>



2/25/09

Addition

0. Todd Harper  
6421 Mallard Trace Dr.  
Tallahassee, FL 32312