

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000002806

**FILED**  
**Oct 13, 2004**  
**Secretary of State****Entity Name:** FOUNTAIN OF LIFE CHURCH OF CENTRAL FLORIDA, INCORPORATED**Current Principal Place of Business:**820 N. MASSACHUSETTS AVENUE  
LAKELAND, FL 33813**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7423  
LAKELAND, FL 33807**New Mailing Address:****FEI Number:** 59-3524213      **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:**LOYD, PATRICIA A  
466 DAISY WAY  
WINTER HAVEN, FL 33884      US**Name and Address of New Registered Agent:**LOYD, PATRICIA A  
2408 AVENUE B NW  
WINTER HAVEN, FL 33881      US

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: PATRICIA A. LOYD

10/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** LOYD, GERALD G DR  
**Address:** 450 MAPLE AVENUE  
**City-St-Zip:** PITTSBURGH, PA 15218 US**Title:** VD      ( ) Delete  
**Name:** LOYD, PATRICIA A  
**Address:** 466 DAISY WAY  
**City-St-Zip:** WINTER HAVEN, FL 33884 US**Title:** TD      ( ) Delete  
**Name:** JONES, BELINDA A  
**Address:** 719 NORTH LORRI AVENUE  
**City-St-Zip:** LAKELAND, FL 33815 US**Title:** SD      ( ) Delete  
**Name:** WORTHY, JACQUELYN Y  
**Address:** PO BOX 90944  
**City-St-Zip:** LAKELAND, FL 33804 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** LOYD, GERALD G DR  
**Address:** 5109 FAIRFAX DRIVE  
**City-St-Zip:** LAKELAND, FL 33813 US**Title:** VD      (X) Change ( ) Addition  
**Name:** LOYD, PATRICIA A  
**Address:** 2408 AVENUE B NW  
**City-St-Zip:** WINTER HAVEN, FL 33881 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD      (X) Change ( ) Addition  
**Name:** WORTHY, JACQUELYN Y  
**Address:** 2224 GILBERT STREET, #4  
**City-St-Zip:** CHARLOTTE, NC 22816 US

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: PATRICIA A. LOYD

VD

10/13/2004

Electronic Signature of Signing Officer or Director

Date