

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

DOCUMENT # N98000007098

1. Entity Name
FAITH CHRISTIAN ASSEMBLY OF CENTRAL FLORIDA,
INC.



Principal Place of Business
769 PETERS RD
BARTOW, FL 33830

Mailing Address
769 PETERS RD
BARTOW, FL 33830

REINSTATEMENT 04



2. Principal Place of Business

751 ELLIOTT RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2686

Suite, Apt. #, etc.

11022004 REIN-NP

CR2E099 (6/04)

City & State

BARTOW FL

City & State

BARTOW FL

4. FEI Number

65-0862931

Applied For

Not Applicable

Zip

33830

Country

U.S.A.

Zip

33831-2686

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLEY, JAMES M REV
769 PETERS ROAD
BARTOW, FL 33830

7. Name and Address of New Registered Agent

Name BOLEY, JAMES M. REV

Street Address (P.O. Box Number is Not Acceptable)

751 ELLIOTT RD

City

BARTOW

FL

Zip Code

33830

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

Rev James M Boley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BOLEY, JAMES M REV
STREET ADDRESS 132 CHAPMAN DRIVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE VP ☒ Delete
NAME GEIGER, LAWRENCE SR
STREET ADDRESS 769 PETERS ROAD
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☒ Delete
NAME GEIGER, LAWRENCE JR
STREET ADDRESS 5541 NORTH MILITARY TRAIL
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D ☒ Delete
NAME JACOBS, OTTIS
STREET ADDRESS 1216 S FL AVE
CITY-ST-ZIP LAKELAND, FL 33815

TITLE D ☒ Delete
NAME WRIGHT, MASON
STREET ADDRESS 612 WEST KEYSVILLE ROAD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VP ☐ Delete
NAME RAYBORN CHARLES REV
STREET ADDRESS 2305 SOUTH WIGGINS RD
CITY-ST-ZIP PLANT CITY FL 33566

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T/D ☒ Change ☒ Addition
NAME ULRIKE RAYBORN
STREET ADDRESS 2305 SOUTH WIGGINS RD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☒ Change ☒ Addition
NAME CHRISTY WEBB
STREET ADDRESS 2305 SOUTH WIGGINS RD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☒ Change ☒ Addition
NAME KAREN BOLEY
STREET ADDRESS 751 ELLIOTT RD
CITY-ST-ZIP BARTOW FL 33830

TITLE VP/D ☒ Change ☒ Addition
NAME RAYBORN CHARLES REV
STREET ADDRESS 2305 SOUTH WIGGINS RD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME 800042637478
STREET ADDRESS 11/10/04--01048--017 **245.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rev James M Boley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863 512 3936