2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT 04

DOCUMENT # N98000007098

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

Principal Place of Business	Mailing Address
769 PETERS RD BARTOW, FL 33830	769 PETERS RD BARTOW, FL 33830

2. Principal Place of Business	3. Mailing Address
751 ELLIOTT Rd	P.O. BOX 2686
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BARTOW FL	City & State: BARTOW FL
Zip: 33830 Country: U.S.A.	Zip: 33831-2686 Country: U.S.A.

11022004 REIN-NP CR2E099 (6/04) MRD

4. FEI Number 65-0862931 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLEY, JAMES M REV 769 PETERS ROAD BARTOW, FL 33830	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	T/D ☒ Change ☒ Addition
NAME	BOLEY, JAMES M REV	NAME	ULRIKE RAYBORN
STREET ADDRESS	132 CHAPMAN DRIVE	STREET ADDRESS	2305 SOUTH WIGGINS RA
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	VP ☒ Delete	TITLE	D ☒ Change ☒ Addition
NAME	GEIGER, LAWRENCE SR	NAME	CHRISTY WEBB
STREET ADDRESS	769 PETERS ROAD	STREET ADDRESS	2305 SOUTH WIGGINS Rd
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	PLANTCITY FL 33566
TITLE	D ☒ Delete	TITLE	D ☒ Change ☒ Addition
NAME	GEIGER, LAWRENCE JR	NAME	KAREN BOLEY
STREET ADDRESS	5541 NORTH MILITARY TRAIL	STREET ADDRESS	751 ELLIOTT Rd
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	BARTOW FL 33830
TITLE	D ☒ Delete	TITLE	VP/D ☒ Change ☒ Addition
NAME	JACOBS, OTTIS	NAME	RAYBORN CHARLES REV
STREET ADDRESS	1216 S FL AVE	STREET ADDRESS	2305 SOUTH WIGGINS Rd
CITY-ST-ZIP	LAKELAND, FL 33815	CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, MASON	NAME	800042637479
STREET ADDRESS	612 WEST KEYSVILLE ROAD	STREET ADDRESS	11/10/04--01048--017 **245.00
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAYBORN CHARLES REV	NAME	
STREET ADDRESS	2305 SOUTH WIGGINS Rd	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	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 — 8635123936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #