

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002604

FILED  
May 01, 2014  
Secretary of State

**Entity Name:** CIRCLE OF FRIENDS MINISTRY, INC.

**Current Principal Place of Business:**

105 E. STUART AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

105 E. STUART AVENUE  
105 E. STUART AVE.  
LAKE WALES, FL 33853

**Current Mailing Address:**

105 E. STUART AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-3572022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, MERTICE W  
1149 CEPHIA ST  
LAKE WALES, FL 33853      US

**Name and Address of New Registered Agent:**

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:** MERTICE W. KELLY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KELLY, MERTICE W  
**Address:** 1149 CEPHIA ST  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** SEC  
**Name:** NITA, PROPST  
**Address:** 3773 RED OAK CT.  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** TRES  
**Name:** RODDEN, GREG  
**Address:** 4813 AVON ST  
**City-St-Zip:** LAKE WALES, FL 33859

**Title:** CHMN  
**Name:** HART, JOSEPH P  
**Address:** 625 LORRAINE CIRCLE  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** VCH  
**Name:** ROBERT, KELLY B  
**Address:** 1149 CEPHIA ST  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** BM  
**Name:** REBECCA, JOHNSON J  
**Address:** 2270 N SCENIC HWY  
**City-St-Zip:** BABSON PARK, FL 33827

I hereby 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 all other like empowered.

**SIGNATURE:** MERTICE W. KELLY

P

05/01/2014

Electronic Signature of Signing Officer or Director

Date