



# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000005503</b> 1. Entity Name FIRST PRESBYTERIAN CHURCH OF STARKE, FLORIDA, INC.						FILED 08 OCT 29 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 921 EAST CALL STREET STARKE, FL 32091		Mailing Address 921 EAST CALL STREET STARKE, FL 32091				 <b>REINSTATEMENT 2008</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip		City & State  Zip					
Country		Country		4. FEI Number <b>59-2061315</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>WELLS, ORIAN</b> 1310 EAST CALL STREET STARKE, FL 32091				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOULDER, RALPH 4333 SEMINOLE ST STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137425711 10/29/08--01032--003 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLS, ORIAN 1310 EAST CALL STREET STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINDGASSEN, JOYCE PO BOX D LAKE GENEVA, FL 32160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, JAMES PO BOX 19 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCRAE, ARLEY 1517 BESSENT RD STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOISE, MILTON 6115 KINGSLEY LAKE DR. STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>				10/24/08		352-374-6789	
				<small>Date</small>		<small>Daytime Phone #</small>	