

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000587

FILED
Jan 28, 2008
Secretary of State

Entity Name: INDIAN TRAIL BAPTIST CHURCH, INC.

Current Principal Place of Business:

PO BOX 40, STAR ROUTE
OCHOPEE, FL 33943

New Principal Place of Business:

SR BOX 40, LOOP ROAD
OCHOPEE, FL 34141

Current Mailing Address:

PO BOX 40, STAR ROUTE
OCHOPEE, FL 33943

New Mailing Address:

SR BOX 40, LOOP ROAD
OCHOPEE, FL 34141

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SCALESE, ANTHONY V
7390 NW 5TH STREET
10
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

COLLIER, ROBERT E
7390 NW 5TH STREET
10
PLANTATION, FL 33317 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: ROBERT E. COLLIER

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JUMPER, DAVID A
Address: 6320 NW 37TH STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP () Delete
Name: OSCEOLA, DON
Address: 6491 MARY OSCEOLA DRIVER, A-5
City-St-Zip: HOLLYWOOD, FL 33024

Title: SECR (X) Delete
Name: CYPRESS, SUSAN
Address: 9936 LOOP ROAD WEST
City-St-Zip: MIAMI, FL 34141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID A. JUMPER

P

01/28/2008

Electronic Signature of Signing Officer or Director

Date