PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

[redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 17 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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02/17/03--01055--012 **131.25

02-03

DOCUMENT # N01000000677

1. Corporation Name

SHEPHERD'S WAY INTERDENOMINATIONAL OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~209 HOLLY LANE~~ ~~PALATKA FL 32177~~ 1209 carr st. palatka fl 32177	~~209 HOLLY LANE~~ ~~PALATKA FL 32177~~ 1209 carr st. palatka fl 32177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.: 1209 carr street
City & State: Palatka fl
Zip: 32177 Country:

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.: 1209 carr street
City & State: Palatka fl
Zip: 32177 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/2001

5. FEI Number: 59-3723201 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HARRIS, WILLIAM JR.	209 HOLY LANE	PALATKA FL 32177
SD	CROWLEY, GALE	1103 NORTH 16TH STREET	PALATKA FL 32177
TD	PERRY, JERELENE	207 PUTNAM AVENUE	PALATKA FL 32177
V D	HARRIS, JOHNNIE	209 HOLLY LANE	PALATKA FL 32177

8. Name and Address of Current Registered Agent

HARRIS, WILLIAM JR.
209 HOLLY LANE
PALATKA FL 32177

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 2-10-03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

3863285492

SIGNATURE: SIGNATURE REQUIRED William Harris Jr. 2-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2082

Shepherd's Way
Interdenominational
outreach ministries, Inc.
1209 carr street
Palatka fl 32177
386 328-5492

Dear Sir,

Our corporation has not received any prior notices of the UBR and ask that the penalty fee be waived. Thank you for your consideration of this request.

William Harris Jr.
2-10-03

I will also like to request A duplicate copy of our articles of incorporation. thank you

William Harris Jr
2-10-03