2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008685

City-St-Zip:

LEESBURG, FL 34748

FILED Nov 01, 2009 Secretary of State

Entity Name: PROCEEDING WORD MINISTRIES, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
683 SOUTH BROAD STREET BROOKSVILLE, FL 34601				880 NORTH BROAD STREET BROOKSVILLE, FL 34601			
Current Mailing Address:				New Mailing Address:			
683 SOUTH BROAD STREET BROOKSVILLE, FL 34601				880 NORTH BROAD STREET BROOKSVILLE, FL 34601			
FEI Number:	32-0113063	FEI Number Applied For()	FEI Numi	ber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
LAWSON, 7300 WPA BROOKSV		1 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.							
SIGNATUR	RE: ERICA LA	WSON					
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () GRAVES, JAVOI 16 SHADY OAK BROOKSVILLE,	VILLA CIRCLE	1	Title: Name: Address: City-St-Zip:		(X) Change () Addition AVONKAH L OAK VILLA CIRCLE LLE, FL 34601	
Title: Name: Address: City-St-Zip:	ROY, JOHN	Delete N CHARM CIRCLE FL 34613	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MCDOWELL, EF 231 EAST EARL BROOKSVILLE,	Y STREET	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BLANKS, MARN	IAR VILLA CIRCLE	1	Title: Name: Address: City-St-Zip:		(X) Change () Addition ARNITA :NBRIAR VILLA CIRCLE LLE, FL 34601	
Title: Name: Address:	D () COOPER, ERIC 2107 PARKVIEV	Delete V AVENUE	İ	Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ERICA LAWSON 11/01/2009 D