2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003688

Entity Name: WILLIAMS GLOBAL MINISTRIES, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2536 SHELBY PKWY 9958 VIA SAN MARCO LOOP CAPE CORAL, FL 33904 FORT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

2536 SHELBY PKWY 9958 VIA SAN MARCO LOOP CAPE CORAL, FL 33904 FORT MYERS, FL 33905

FEI Number: 20-8895648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WILLIAMS, GRANT WILLIAMS, GRANT M
2536 SHELBY PKWY 9958 VIA SAN MARCO LOOP
CAPE CORAL, FL 33904 US FORT MYERS, FL 33905 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: GRANT WILLIAMS 03/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 WILLIAMS, GRANT
 Name:
 WILLIAMS, GRANT

 Address:
 2536 SHELBY PKWY
 Address:
 9958 VIA SAN MARCO LOOP

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 FORT MYERS, FL 33905

Title: S () Delete Title: () Change () Addition

 Name:
 CLARK, JERRY
 Name:

 Address:
 1476 NORTHERN VALLEY TRAIL
 Address:

 City-St-Zip:
 AVON, IN 46123
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 DUKE, MIKE
 Name:

 Address:
 13862 PINE VILLA LANE
 Address:

 City-St-Zip:
 FT MYERS, FL 33902
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:WILLIAMS, KELLIEName:WILLIAMS, KELLIEAddress:2536 SHELBY PKWYAddress:9958 VIA SAN MARCO LOOPCity-St-Zip:CAPE CORAL, FL 33904City-St-Zip:FORT MYERS, FL 33905

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: GRANT WILLIAMS PD 03/12/2009