2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE

SIGNATURE AND TYPED OR

2006 SEP -5 AH 9: 49 DOCUMENT # N99000002671 SECRETART OF STATE TALLAHASSEE, FLORIDA 1. Entity Name APOPKA SPRINGHILL NAZARENE OUTREACH MINISTRY, INC. Principal Place of Business Mailing Address 1218 SOUTH CLARCONA ROAD P 0 BOX 1462 APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08212006 REIN-NP CR2E099 (11/05) City & State City & State 4. FEI Number Applied For 59-3577652 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, JEFFREY L 1218 SOUTH CLARCONA ROAD Street Address (P.O. Box Number is Not Acceptable) APOPKA, FL 32703 City 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 Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Delete ☐ Change ■ Addition TITLE TITLE PARKER, JEFFREY L NAME NAME STREET ADDRESS 423 S. BRADSHAW RD. STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME JAMES, BETTY P NAME 6027 CHRISTIAN WAY STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ORLANDO, FL 32808 CD ☐ Delete TITLE TITLE POSTELL, JEROME NAME NAME STREET ADDRESS 2087 WINNEKTA COURT STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE VI BORNETT, JIMIE NAME NAME 15484 STREET ADDRESS STREET ADDRESS 1249 KENWORTH DR. CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☐ Addition Delete SD TITLE NAME RILEY, WILLETT H NAME 1058 PINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PARKER, BALINDA E NAME 423 S. BRADSHAW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 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. changed, or on an attach

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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