2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE PO

SIGNATURE:

DOCUMENT # N99000002671

1. Entity Name

APOPKA SPRINGHILL NAZARENE OUTREACH MINISTRY, INC.

FILED
Jan 10, 2008 8:00 A.M.
Secretary of State

| | | | | <u> </u> | 2000 RE | | | | | | |
|---|-----------------------|--------------------------|---|----------|---------------------------------|----------------------------------|---|---------------|--------------------------------|-------------|--|
| Principal Place of Business 1218 SOUTH CLARCONA ROAD APOPKA, FL 32703 | | | Mailing Address P O BOX 1462 APOPKA, FL 32703 | | | | MALLAMASSEE, FLO | PID4 | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | |
| | | | | | | | T T V N Y C C | | | -10. | |
| Suite, Apt. | | · | Suite, Apt. #, etc. | | | | REINSTA | | | | |
| City & State | | | City & State | | | 4. FEI Number 59-3577652 | | | pplied For ot Applicable | | |
| Zip | | Country | Zip Cou | | ntry | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| ļ — — | and Address of Curren | t Registered Agent | | | | 7. Name and Address of New R | egistered A | gent | | | |
| DADKER | : | • | | Name | Ter | RY APPLEB | ./ | | | | |
| PARKER, | | Ī | Street A | - | O. Box Number is Not Acceptable | 3) | <u> </u> | · | | | |
| APOPKA, FL 32703 | | | | | | <u> </u> | | - <u></u> | | | |
| | | | | | City S | ORK | ento | FL | Zio Cod | 1e 776 | |
| 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 Strong Open or proper page of project of and trie if anotice to the contract of the | | | | | | | | | | | |
| | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 After January 1, 2008, Fee will be \$297.50 | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | A | DDITIONS/CHANGES TO OFFICE | RS AND DIE | RECTORS II | V 10 | |
| TITLE | PD | | ☐ Delete | 11. | - | VT | | | ☐ Change | Addition | |
| NAME | 1 . | JEFFREY L | | NAME | | | SEMMONS, STAN | MI ST | | | |
| STRFET ADDRESS CITY-ST-ZIP | 1 | ADSHAW RD. FL 32703 | | | t address St-Zip | | ORLANDU, FL | 27811 | ہے, | | |
| | TD APOPINA, | FL 32703 | □ Delete | TITLE | | <u> </u> | UKAMBU, FF | 0280 | ☐ Change | Addition | |
| TITLE NAME | JAMES, E | ETTY P | La Delete NAMI | | | | | | | ☐ Audition | |
| STREET ADDRESS | 1 ' | RISTIAN WAY | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32808 | | CITY | | ST-ZIP | | 11/20/070100 | 8001 | **23 | <u>6.25</u> | |
| TITLE | CD | IED OLG | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | I | ., JEROME NEKTA COURT | NAM SIR | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | 1 | O, FL 32818 | | | ST-ZIP | | | | , | _ | |
| TITLE | VT | | Delete | TITLE | | VT. | | _ | Change | Andition | |
| NAME | BORNET | | | NAME | | Sw | DATH, JAMES | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | IWORTH DR. FL-32712 | | | T ADDRESS ST-ZIP | 33 | DATH, JAMES BY CYPRESS ST TAFT FL 328 | 24 | | | |
| TITLE | SD | | ☐ Delete | TITLE | | | | <u></u> 1 | ☐ Change | ☐ Addition | |
| NAME | RILEY, W | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | E STREET FL 32703 | | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | TD | 11 32/03 | . Delete | TITLE | | 10 | | - | Change | ☐ Addition | |
| NAME | 1 - | BALINDA E | right Delete | NAME | | 10 | BELL, BRENDA 3610 FAUZUG LEA ORLANDO, FL.3: | | | | |
| STREET ADDRESS | | RADSHAW ROAD | | | T ADDRESS | } | 3610 FAUZUL LEA | F-141. | | | |
| CITY - ST-ZIP | APOPKA, | FL 32703 | | CITY- | ST-ZIP | | ORLANDO, FL.3. | 2870 <u> </u> | <u></u> | | |
| 12. I hereby certify that the information supplied with this fiting 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. | | | | | | | | | | | |