

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000567

FILED  
Oct 03, 2005  
Secretary of State

**Entity Name:** CHRIST IS ACTION MINISTRY, INC.

**Current Principal Place of Business:**

1216 HWY. 17 S  
SATSUMA, FL 32193

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 664  
WELAKA, FL 32193

**New Mailing Address:**

**FEI Number:** 59-3626040      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JACKSON, LISA  
1412 BRYANT AVE.  
WELAKA, FL 32193      US

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

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: LISA D. JACKSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: JACKSON, LEROY  
Address: 1412 BRYANT AVE.  
City-St-Zip: WELAKA, FL 32193

Title: DST      ( ) Delete  
Name: JACKSON, LISA  
Address: 1412 BRYANT AVE.  
City-St-Zip: WELAKA, FL 32193

Title: D      ( ) Delete  
Name: JACKSON, WILLIE MAE  
Address: 602 N 9TH STREET  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA D. JACKSON

Electronic Signature of Signing Officer or Director

DIR

10/03/2005

Date