

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 16, 2009  
Secretary of State**

DOCUMENT# 737011

Entity Name: EVANGELISTIC WORKS, INC.

**Current Principal Place of Business:**

12925 PALM BEACH BLVD.  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

12925 PALM BEACH BLVD.  
FT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 59-1752959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CALVERT, BOBBY L  
4461 RIVER GROVE LANE  
FT. MYERS, FL 33905      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: BOBBY L. CALVERT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CALVERT, BOBBY L  
Address: 4461 RIVER GROVE LANE  
City-St-Zip: FT MYERS, FL 33905

Title: STD      ( ) Delete  
Name: CALVERT, LINDA G  
Address: 4461 RIVER GROVE LANE  
City-St-Zip: FT MYERS, FL 33905

Title: VD      ( ) Delete  
Name: GOTT, FRANK  
Address: 3290 KNIGHT RIDGE RD  
City-St-Zip: BLOOMINGTON, IN 47401

**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 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: BOBBY L. CALVERT

Electronic Signature of Signing Officer or Director

PD

12/16/2009

Date