2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 841955

FILED Oct 15, 2009 Secretary of State

Entity Name: EVANGELICAL FAITH VISION MINISTRIES INC.

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

1506 S SLAPPEY BLVD 1506 S SLAPPEY BLVD PO BOX 4460 ALBANY, GA 31706 ALBANY, GA 317064460

New Mailing Address: Current Mailing Address:

1506 S SLAPPEY BLVD 1506 S SLAPPEY BLVD PO BOX 4460 ALBANY, GA 31706 ALBANY, GA 317064460

FEI Number: 58-1383663 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: Name and Address of New Registered Agent:

WARD, ELIZABETH 4410 DETAILLE DRIVE JACKSONVILLE, FL 32209 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: ELIZABETH WARD

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

FOWLER, DEACON ROLAND REVILLS, APOSTLE F.L. Name: Name: 1406 E TIFT Address: 120 LAUREL DRIVE Address: City-St-Zip: ALBANY, GA 31705 City-St-Zip: ALBANY, GA 31705

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

HAMILTON, DEACON ROBERT Name: REVILLS, SABRINA Name: Address: 204 LEXINGTON DR Address: 1502 OARKRIDGE DRIVE City-St-Zip: ALBANY, GA 31705 City-St-Zip: ALBANY, GA 31706

Title: VPD () Delete Title: SEC (X) Change () Addition

REVILLS, ELDER ULLAINEE REVILLS, ANDREA Name: Name: 1618 MOULTRIE RD Address: Address: 120 LAUREL DRIVE City-St-Zip: ALBANY, GA 31705 City-St-Zip: ALBANY, GA 31705

Title: STD () Delete Title: (X) Change () Addition Name: CHAMPION, TEE Name: FOWLER, DEACON ROLAND 1220 AUGUSTA DRIVE Address: Address: 1406 E. TIFT

City-St-Zip: ALBANY, GA 31707 City-St-Zip: ALBANY, GA 31705

Title: () Delete Title: (X) Change () Addition REVILLS, ANDREA M HAMILTON, DEACON ROBERT Name: Name: 120 LAUREL DRIVE 204 LEXINGTON DRIVE Address: Address:

City-St-Zip: ALBANY, GA City-St-Zip: ALBANY, GA 31705

Title: (X) Delete Title: () Change () Addition REVILLS. APOSTLE F.L. Name: Name:

Address: 120 LAUREL DRIVE Address: ALBANY, GA City-St-Zip: 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: ANDREA REVILLS SEC 10/15/2009