

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000003065

Entity Name: ADULLAM MINISTRIES, INC.

FILED  
Nov 23, 2009  
Secretary of State

## Current Principal Place of Business:

3504 LAKE LYNDA DRIVE STE 109  
ORLANDO, FL 32817

## New Principal Place of Business:

3504 LAKE LYNDA DRIVE  
SUITE 109  
ORLANDO, FL 32817

## Current Mailing Address:

4760 SNAP CREEK LANE  
DECATUR, GA 30035

## New Mailing Address:

3504 LAKE LYNDA DRIVE  
SUITE 109  
ORLANDO, FL 32817

FEI Number: 20-5327655      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:

SPENCER, JAMES E SR  
3488 FOXTON COURT  
OVIEDO, FL 32765      US

## Name and Address of New Registered Agent:

SPENCER, JAMES E JR  
3488 FOXTON COURT  
OVIEDO, FL 32765      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: JAMES E. SPENCER, JR.

11/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP      ( ) Delete  
Name: MCKENZIE, JAMELLE E  
Address: 4670 SNAP CREEK LANE  
City-St-Zip: DECATUR, GA 30035

Title: VCVP      ( ) Delete  
Name: MCKENZIE, GEOFFREY M  
Address: 4670 SNAP CREEK LANE  
City-St-Zip: DECATUR, GA 30035

Title: ST      ( ) Delete  
Name: MORRIS, MARGIE  
Address: 129 TYE STREET  
City-St-Zip: STOCKBRIDGE, GA 30281

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP      (X) Change ( ) Addition  
Name: MCKENZIE, JAMELLE E  
Address: 106 MIDDLETON DRIVE  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VCVP      (X) Change ( ) Addition  
Name: MCKENZIE, GEOFFREY M  
Address: 106 MIDDLETON DRIVE  
City-St-Zip: PEACHTREE CITY, GA 30269

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: JAMELLE E. MCKENZIE

CP

11/23/2009

Electronic Signature of Signing Officer or Director

Date