


# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FILED

12 AUG 31 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N0000000150					
1. Entity Name LOVE & CONCERN HOLINESS CHURCH DELIVERANCE (HOME OUTREACH MINISTRIES), INC.					
Principal Place of Business 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 US			Mailing Address 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3616767	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIMS, CHARLES E 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name <u>Dorothy Mims</u> Street Address (P.O. Box Number is Not Acceptable) <u>8104 BlackJack Rd</u> City <u>Tallahassee</u> FL Zip Code <u>32305</u>		
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 <u>Dorothy Mims</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8-31-2012</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIMS, CHARLES ELDER 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mims, Charles Elder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8104 Blackjack Road Tallahassee, FL 32305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMS, DOROTHY 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Reda Pittman McKnight <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1501 Blountown Street Apt. 702 Tallahassee, FL 32305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SANDRA 2107 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dorothy Mims Evangelist <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8104 Blackjack Road Tallahassee, FL 32305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sandra Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 279 Oakview Drive Tallahassee, FL 32305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700239159307 08/31/12--01014--006 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Charles Mims - Charles Mims</u> 8/31/12 20					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>E-MAIL ADDRESS</small>

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