PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0000000709

1. Corporation Name: Life Changing Ministries Inc.

11-8-02-01041-002 122.50

2. Principal Office Address	3. Mailing Office Address
837 NW 22 St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State
Zip: 34475 Country: Marion	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2000

5. FEI Number: 59-3613505 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Trina Morand

Street Address (P.O. Box Number is Not Acceptable): 11590 SW 38 St.

Suite, Apt. #, Etc.

City: Ocala State: FL Zip Code: 34481

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Trina M. Morand Date: 12/11/02

REGISTERED AGENT MUST SIGN

CR2E064 (3/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Bishop	John E. Morand	11590 SW 38 St	Ocala, Fl 34481
Co-Found	Trina M. Morand	11590 SW 38 St	Ocala, Fl 34481
CDD Deacon	Vincent Jackson	2912 NE 4 Ct	Ocala, Fl 34479
CDD Treasur	Elaine Jackson	2912 NE 4 Ct.	Ocala, Fl 34479
CDD Deacon	Ray Torres	901 NW 22 St	Ocala, Fl

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Trina M. Morand 12/11/02 Date 352 351-9140 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Life Changing Ministries
837 NW 22nd St.
Ocala, Fl. 34475
352-369-5944
5433

To Whom It May Concern:

I am writing concern the reinstatement for Life Changing Ministries. I am very sorry that we did not inform you that we receive a new address and we did not receive the information that we need a fill out every year to update our corporation.

Trina Morand–Pastor

LIFE CHANGING MINISTRIES
352-369-5433
P O Box 4162
Ocala, FL 34478

0492

63-466/631

11-6-02 DATE

PAY TO THE ORDER OF Florida Dept of State $ 122.50

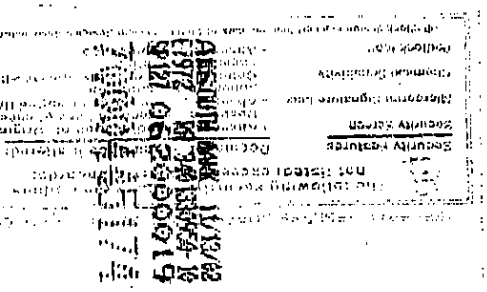
One hundred Twenty two dollars 50/100 DOLLARS

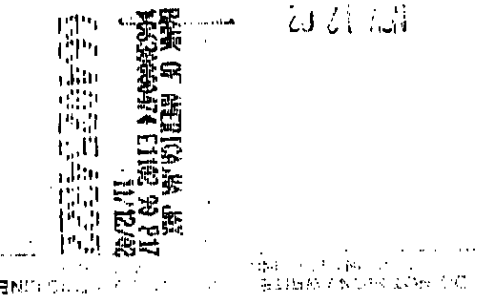
AMSOUTH BANK
THE RELATIONSHIP PEOPLE

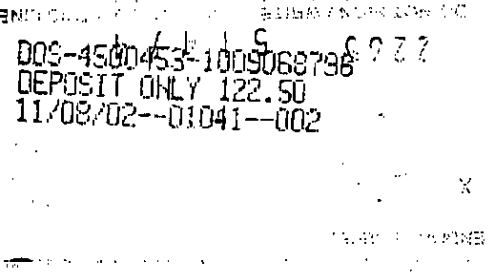
FOR

Irma M. Morand
Elaine A. Jackson

⑆063104668⑆ 339160261⑈ 0492 ⑈0000012250⑈



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DEPOSIT ONLY 122.50
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