

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002364

FILED
Oct 01, 2009
Secretary of State

Entity Name: SECOND CHANCE OUT REACH MINISTRIES, INC.

Current Principal Place of Business:

1241 AIRPORT DR.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1241 AIRPORT DR.
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-3638344 **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:

PAYNE, TONYA
2312 VINCENT DR.
TALLAHASSEE, FL 32303 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: TONYA PAYNE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PITTMAN, LARRY
Address: 2018 TRIMBLE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: PITTMAN, BETTY
Address: 2018 TRIMBLE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: PAYNE, TONYA
Address: 2312 VINCENT DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JONES, LINDA
Address: 207 ARDEN RD.
City-St-Zip: TALLAHASSEE, FL 32305

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:

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: TONYA PAYNE

T

10/01/2009

Electronic Signature of Signing Officer or Director

Date