2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# N00000003406

Entity Name: NONE SHALL LACK OUTREACH MINISTRIES OF ORLANDO INC.

Current Principal Place of Business:

925 FERNDELL RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 585483
ORLANDO, FL 32858 US

New Mailing Address:

FEI Number: 59-3652811 **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:

TURNER, KENNETH
925 FERNDELL RD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TURNER, KENNETH
Address: 925 FERNDELL RD
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete
Name: TURNER, JAMES
Address: 4210 BRITTANY RD
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: TURNER, SHUWANDA
Address: 4210 BRITTANY RD
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: WILLIAMS, MONTY
Address: 808 W SOUTH ST
City-St-Zip: ORLANDO, FL 32805

Title: M ( ) Delete
Name: TURNER, SAMANTHA
Address: 925 FERNDELL RD
City-St-Zip: ORLANDO, FL 32808

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES TURNER VP 10/27/2004
Electronic Signature of Signing Officer or Director — Date