

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004550

FILED
Oct 17, 2005
Secretary of State

Entity Name: HEAVEN SENT COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

605 N SEARAVE
SUITE C-1
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1207 GINSBERG DRIVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3668930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, TRACEY
1207 GINSBERG DRIVE
DAYTONA BEACH, FL 32114 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: TRACEY EDWARDS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDWARDS, TRACEY
Address: 1207 GINSBERG DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: HAYES, JANICE
Address: PO BOX 290702
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MILLER, DEBORAH
Address: 3025 S THOMAS STREET
City-St-Zip: FT MYERS, FL 32901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDWARDS, TRACEY
Address: 1207 GINSBERG DR.
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

Title: O () Change (X) Addition
Name: LULA, STENSON
Address: 451 ELSIE AVE
City-St-Zip: HOLLY HILL, FL 32117

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: TRACEY EDWARDS

D

10/17/2005

Electronic Signature of Signing Officer or Director

Date