

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001577

FILED  
Jul 20, 2006  
Secretary of State

**Entity Name:** LIFE ON THE HORIZON INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

8617 E COLONIAL DRIVE  
SUITE 1100  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**New Mailing Address:**

8617 E COLONIAL DRIVE  
SUITE 1100  
ORLANDO, FL 32817 US

**Current Mailing Address:**

P O BOX 160621  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-3708657 **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:**

POPE, TYRANNY  
796 MILLS ESTATE PLACE  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

POPE, TYRANNY  
1179 SHALLCROSS AVENUE  
ORLANDO, FL 32828 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: TYRANNY POPE

07/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: NELSON, SHELVIK  
Address: 796 MILLS ESTATE PLACE  
City-St-Zip: CHULUOTA, FL 32766

Title: PD ( ) Delete  
Name: POPE, TYRANNY  
Address: 796 MILLS ESTATE PLACE  
City-St-Zip: CHULUOTA, FL 32766

Title: VPD ( ) Delete  
Name: POPE, JOANNA  
Address: 796 MILLS ESTATE PLACE  
City-St-Zip: CHULUOTA, FL 32766

Title: SD ( ) Delete  
Name: NELSON, SHONNA  
Address: 796 MILLS ESTATE PLACE  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: POPE, TYRANNY  
Address: 1179 SHALLCROSS AVENUE  
City-St-Zip: ORLANDO, FL 32828

Title: VPD (X) Change ( ) Addition  
Name: POPE, JOANNA  
Address: 1179 SHALLCROSS AVENUE  
City-St-Zip: ORLANDO, FL 32828

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 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: JOANNA POPE

VPD

07/20/2006

Electronic Signature of Signing Officer or Director

Date