2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0100005371 1. Entity Name NEW FOUND FREEDOM OUTREACH MINISTRIES, INC.				87 L	TILED 030 #1931
Principal Plac 8407 BOULD TAMPA, FL:	DER PLACE	Mailing Address 8407 BOULDER PLACE TAMPA, FL 33615			
2. Principal P	face of Business	3. Mailing Address	7		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10152005 REIN-NP	CR2E099 (6/04)
City & State		City & State	Plan	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	33674	HILLS DON		\$8.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	Name	√7. Name and Address of New F	logistered Agent
WATLEY, ROBIN 8407 BOULDER PLACE TAMPA, FL 33615				dress (P.O. Box Number is Not Acceptable)	
·	•		City		FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Last Lost Lost Lost Lost Lost Lost Lost Lo					
FILE NOWIII FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 Make check payable to					
10.	OFFICERS AND DIRI		11.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WATLEY, ROBIN 8407 BOULDER PLACE TAMPA, FL 33815	€ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062 12/30/050109	Change Addition 51300 8006 *#245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATLEY, CURTIS 8407 BOULDER PLACE TAMPA, FL 33615	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWERS, ARECIA 13608 N 22ND ST, APT 2 TAMPA, FL 33613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECIA BOWCA 115 WINDERME UCKVICW Flar	S OF Change Addition 12 E PARK CRION 33579-2571
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.13	Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE TO STREET ADDRESS CITY-ST-ZIP	DAL	Change : a Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DRECTOR Date Designer flore 4					