

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001134

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** REJOICE "TRANSFORMING" MINISTRIES INC.

**Current Principal Place of Business:**

4604 BANKHEAD AVE.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

7235 BONNEVAL RD.  
SUITE 233  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4604 BANKHEAD AVE.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

7235 BONNEVAL RD.  
SUITE 233  
JACKSONVILLE, FL 32256

**FEI Number:** 26-0039739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUME, INA  
4604 BANKHEAD AVE.  
JACKSONVILLE, FL 32207 US

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

DEGRAM, INA  
4604 BANKHEAD AVE.  
JACKSONVILLE, FL 32207 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: INA DEGRAM

10/02/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DEGRAM, INA  
Address: 4604 BANKHEAD AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VICE  
Name: SPRINKLE, SHIRLEY  
Address: 10176 HERNDON RD.  
City-St-Zip: JACKSONVILLE, FL 322462208

Title: TREA  
Name: BROWN, KATHLEEN  
Address: 365 PABLO POINT DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby 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 all other like empowered.

SIGNATURE: INA DEGRAM

PRES

10/02/2014

Electronic Signature of Signing Officer or Director

Date