

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000002485

**FILED**  
**Jun 22, 2011**  
**Secretary of State**

**Entity Name:** J. W. HANKS SR. MINISTRIES, INC.

**Current Principal Place of Business:**

7895 SE 36 CT  
OCALA, FL 34471

**New Principal Place of Business:**

3651 SE 80TH STREET  
OCALA, FL 34480

**Current Mailing Address:**

7895 SE 36 CT  
OCALA, FL 34471

**New Mailing Address:**

3651 SE 80TH STREET  
OCALA, FL 34480

**FEI Number:** 59-3538866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANKS, JOHN W SR  
7895 SE 36 CT  
OCALA, FL 34471 US

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

HANKS, JOHN W SR  
3651 SE 80TH STREET  
OCALA, FL 34480 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: JOHN W. HANKS, SR.

06/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HANKS, JOHN W SR  
Address: 3651 SE 80TH STREET  
City-St-Zip: Ocala, FL 34480

Title: D  
Name: HANKS, LILLIE  
Address: 3651 SE 80TH STREET  
City-St-Zip: Ocala, FL 34480

Title: D  
Name: COLEMAN, THELMA  
Address: 6540 S E 30 ST  
City-St-Zip: Ocala, FL 34480

Title: D  
Name: LAWTON, MAE HELEN  
Address: 2801 NE 127 PL  
City-St-Zip: SPARR, FL 32192

Title: D  
Name: SHAW, KEITH L  
Address: 4518 SE 1ST PLACE  
City-St-Zip: GAINESVILLE, FL 32641

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: JOHN W HANKS, SR

D

06/22/2011

Electronic Signature of Signing Officer or Director

Date