

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -2 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002697	
1. Entity Name GOD'S ANOINTED OUTREACH MINISTRIES, INC.	

Principal Place of Business 6118 NW 26TH ST. GAINESVILLE, FL 32653	Mailing Address 6118 NW 26TH ST. GAINESVILLE, FL 32653
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10152007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box # 223-B NE 40th Lane	3. Mailing Address 223-B NE 40th Lane
Suite, Apt. #, etc. 223-B	Suite, Apt. #, etc. 223-B
City & State Gainesville FL	City & State Gainesville FL
Zip 32609	Country ALACHUA

4. FEI Number 01-0599534	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIFFIN, VIOLA C 6118 NW 26TH ST. GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name: VIOLA Griffin Street Address (P.O. Box Number is Not Acceptable) 223-B NE 40th Lane City: Gainesville FL Zip Code: 32609
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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: Pastor Viola C. Griffin DATE: 10/18/07  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, VIOLA C 6118 NW 26TH ST. GAINESVILLE, FL 32653	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	PD Griffin, Viola 223-B NE 40th Lane Gainesville FL 32609
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	VD RUSHING, JULIA 6108 NW 26TH ST. GAINESVILLE, FL 32653	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	VD Rushing, Julia 4104 NE 1st Drive Gainesville FL 32609
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	SD HAYES, ISAAC 3540 SW ARCHER RD. GAINESVILLE, FL 32608	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	700111639077 11/02/07--01031--002 ***70.00
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Julia Rushing DATE: 10/19/07 DAYTIME PHONE #: (352) 3742861  
Signature and typed or printed name of signing officer or director

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