2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003421

FILED Nov 15, 2008 Secretary of State

Entity Name: ONE LORD ONE FAITH CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business: New Principal Place of Business: 5410 SOUTEL DRIVE 8225 MONCRIEF DINSMORE DR JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** PO BOX 26526 JACKSONVILLE, FL 32226 FEI Number: 01-0699940 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: Name and Address of New Registered Agent: CASPER, KENITRA M CASPER, KENITRA M 8049 REID AVE 2900 CORONET LN JACKSONSILLE, FL 32208 US 202 JACKSONSILLE, FL 32209 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: KENITRA CASPER 11/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MIDDLETON, LISA M MIDDLETON, KENNETH M SR Name: Name: 14033 FISH EAGLE DR. EAST Address: 13998 SUMMER BREEZE DR Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: (X) Change () Addition MIDDLETON, LISA M CASPER, KENITRA M Name: Name: Address: 14033 FISH EAGLE DR Address: 2900 CORONET LN #202 City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32209 Title: () Delete Title: (X) Change () Addition MIDDLETON, KENNETH II M MIDDLETON, KENNETH II M Name: Name: 13998 SUMMER BREEZE DR Address: 8049 REID AVE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: CA () Change (X) Addition Name: Name: BROWN, DOLLREE M 12027 MISSION CREEK LN Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: AGEN () Change (X) Addition JONES, CAROLYN Name: Name: PO BOX 26526 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32219 Title: () Delete Title: () Change (X) Addition BROWN, RESHAWNDIA Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

6881 MISTY VIEW DR JACKSONVILLE, FL 32210

SIGNATURE: LISA M MIDDLETON Ρ 11/15/2008

Address:

City-St-Zip: