

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006044

FILED
Oct 08, 2009
Secretary of State

Entity Name: HAZON MINISTRIES, INC.

Current Principal Place of Business:

6855 W. HIGHWAY 40
SUITE F
OCALA, FL 344828254

New Principal Place of Business:

6855 W. HIGHWAY 40
SUITE F
OCALA, FL 34482

Current Mailing Address:

6855 W. HIGHWAY 40
SUITE F
OCALA, FL 344828254

New Mailing Address:

6855 W. HIGHWAY 40
SUITE F
OCALA, FL 34482

FEI Number: 59-3532934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RUNETTE C
1602 N.W. 20TH AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: RUNETTE C JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, RUNETTE C
Address: 1602 N.W. 20TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: SD () Delete
Name: JONES, WILLIAM H SR.
Address: 1602 N.W. 20TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: VD () Delete
Name: THOMAS, KATHY
Address: 100 NW 23RD AVENUE
City-St-Zip: OCALA, FL 34475

Title: TD () Delete
Name: LEWIS, FELECIA
Address: 5871 NW 65TH PLACE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RUNETTE C JONES

PD

10/08/2009

Electronic Signature of Signing Officer or Director

Date