

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009483

FILED
May 22, 2009
Secretary of State

Entity Name: LIVING WELL MINISTRIES INC.

Current Principal Place of Business:

9954 NW 18 STREET
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 849024
PEMBROKE PINES, FL 33084 US

New Mailing Address:

FEI Number: 81-0584995 **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:

HUTCHINSON, KAREN R PASTOR
9954 NW 18 STREET
PEMBROKE PINES, FL 33024 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: KAREN HUTCHINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUTCHINSON, KAREN R PASTOR
Address: 9954 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33084 US

Title: AD () Delete
Name: HAUPERT, SANDRA
Address: 9955 N.W. 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: GIBSON, LEISA
Address: 6505 PLUNKETT
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: DALEY, LES
Address: 7430 42ND STREET
City-St-Zip: LAUDERHILL, FL 33113

Title: T () Delete
Name: PHILLIPS, NICOLE
Address: 2001 NW 134TH ST.
City-St-Zip: MIAMI, FL 33169

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:

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: KAREN HUTCHINSON

P

05/22/2009

Electronic Signature of Signing Officer or Director

Date