2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# N03000002134

Entity Name: WORD OF FAITH TRUTH HAS COME HELPING HANDS INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 832
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 20-3794501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HALL, JOHNNY T
304 SOUTH COUNTY ROAD 21
HAWTHORNE, FL 32640 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: JOHNNY T. HALL

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALL, JOHNNY T
Address: 304 SOUTH COUNTY ROAD 21
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete
Name: WILLIAMS, CINDY A
Address: 304 SOUTH COUNTY ROAD 21
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete
Name: MCGOLLIE, AMY
Address: 202 BAYBERRY DRIVE
City-St-Zip: HAWTHORNE, FL 32640

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:

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: CINDY A. WILLIAMS D 01/23/2008

Electronic Signature of Signing Officer or Director — Date