

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004709

FILED
Feb 03, 2007
Secretary of State

Entity Name: UNITED APOSTOLIC MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

5755 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P O BOX 998
TALLAHASSEE, FL 323020998

New Mailing Address:

5755 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

FEI Number: 71-0931720 **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:

HAMMOCK, CASSIE
5755 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317 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: CASSIE HAMMOCK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DAVIS, FREEMAN(BISHOP JR
Address: 5755 CHAIRES CROSS RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: CD () Delete
Name: KNOLTON SR, JAMES ELDER
Address: 3031 LONG ST
City-St-Zip: OCHLOCKNEE, GA 31773

Title: CD () Delete
Name: BRUCE, LEWIS (ELDER)
Address: 421 WEBSTER ST
City-St-Zip: THOMASVILLE, GA

Title: T () Delete
Name: HALL, EDITH (ELDER W
Address: 2725 N SANDALWOOD DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: HAMMOCK, CASSIE
Address: 5755 CHAIRES CROSS RD
City-St-Zip: TALLAHASSEE, FL 32317

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 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: CASSIE HAMMOCK

SEC.

02/03/2007

Electronic Signature of Signing Officer or Director

Date