

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005780

FILED
Oct 29, 2008
Secretary of State

Entity Name: UNLEAVENED BREAD MINISTRIES, INTERNATIONAL, INC.

Current Principal Place of Business:

4502 EVERS PL
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4502 EVERS PL
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 67-3494325 **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:

ARRINGTON, KYNTHIA H
4502 EVERS PL
ORLANDO, FL 32811 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: KYNTHIA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FP () Delete
Name: ARRINGTON, KYNTHIA H
Address: 4502 EVERS PL
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: ARRINGTON, KYNTHIA N
Address: 402 N 8TH ST UNIT #87
City-St-Zip: EGLIN AFB, FL

Title: D () Delete
Name: ARRINGTON, JEREMY K
Address: 4502 EVERS PL
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: ARRINGTON, DANIEL E
Address: 4502 EVERS PL
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: BONDS, LINDA
Address: 14322 GOLDEN VIEW DR
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: COLLIER, BRIAN
Address: 3122 CALLOWAY ST
City-St-Zip: ORLANDO, FL 32810

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
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City-St-Zip:

Title: () Change () Addition
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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: KYNTHIA H. ARRINGTON

FP

10/29/2008

Electronic Signature of Signing Officer or Director

Date