2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007157

FILED Oct 05, 2006 Secretary of State

Entity Name: GOD LOVES YOU OUTREACH MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2341 NW 208 STREET MIAMI GARDENS, FL 33056 **Current Mailing Address: New Mailing Address:** 2341 NW 208 STREET MIAMI GARDENS, FL 33056 FEI Number: 20-0208410 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: Name and Address of New Registered Agent: MCCOY, MARY L PASTOR 2341 NW 200 8TH STREET US MIAMI GARDEN, FL 33056 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: MARY L MCCOY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MRS () Delete (X) Change () Addition MCCOY, MARY L PASTOR MCCOY, MARY L PASTOR Name: Name: 2341 NW 200 8TH STREET Address: 2341 NW 200 8TH STREET Address: City-St-Zip: MIAMI GARDEN, FL 33056 City-St-Zip: MIAMI GARDENS, FL 33056 Title: Title: (X) Change () Addition () Delete CAPERS, WILLIE A V-CHAIR Name: CAPERS, WILLIE A V-CHAIR Name: Address: 4899 ROCK SPRINGS ROAD Address: 2341 N. W. 208 STREET City-St-Zip: LITHONIA, GA 30038 US City-St-Zip: MIAMI GARDENS, FL 33056 US Title: () Delete Title: () Change () Addition HELMS, MARY D CHAIR Name: Name: Address: 115 BLUE GRASS COURT Address: City-St-Zip: OXFORD, GA 30054 US City-St-Zip: Title: MS (X) Delete Title: () Change () Addition Name: DAVIS, VIRGINIA TRESURE Name: 16160 NORTHWEST 28TH PLACE Address: Address: City-St-Zip: MIAMI, FL 33054 US City-St-Zip: Title: () Delete Title: () Change () Addition CLEMONS, LINDA J SECRETA Name: Name: 133 LEES LAKE Address: Address: City-St-Zip: FAYETTEVILLE, GA 30214 US 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: MARY L MCCOY DIR 10/05/2006