

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004766

FILED
Mar 10, 2006
Secretary of State

Entity Name: REDEEMING WORD OF TRUTH MINISTRIES, INC.

Current Principal Place of Business:

741 NW 39TH AVE
PLANTATION, FL 333116337

New Principal Place of Business:

42 SPINNING WHEEL LANE
TAMARAC, FL 33319

Current Mailing Address:

4699 NORTH SR7
SUITE Z
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 16-1698689 **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:

LENNOX, SHARON
741 NW 39TH AVE
PLANTATION, FL 333116337 US

Name and Address of New Registered Agent:

LENNOX, SHARON
42 SPINNING WHEEL LANE
TAMARAC, FL 33319 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: SHARRON LENNOX

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LENNOX, SHARON
Address: 741 NW 39TH AVE
City-St-Zip: PLANTATION, FL 333116337

Title: SD () Delete
Name: FRANKLYN, WINSOME
Address: 4910 NW 16TH STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: TD () Delete
Name: HYATT, ZOIELDA
Address: 391 NW 49TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: FRANKLYN, LLOYD
Address: 4910 NW 16TH STREET
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LENNOX, SHARON
Address: 42 SPINNING WHEEL LANE
City-St-Zip: TAMARAC, FL 33319

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: SHARON LENNOX

PD

03/10/2006

Electronic Signature of Signing Officer or Director

Date