



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006630 1. Entity Name VOLUME OF THE BOOK MINISTRY INC.						FILED 07 JAN 12 PM 4: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880				Mailing Address 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			
2. Principal Place of Business - No P.O. Box # 187 Lake Thomas Dr.		3. Mailing Address 187 Lake Thomas Drive		 REINSTATEMENT 06-07			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number 86-1116277		Applied For <input type="checkbox"/> Not Applicable	
City & State Winter Haven		City & State Winter Haven		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Zip 33880	
Country USA		Country USA		6. Name and Address of Current Registered Agent CLAY, VERORIA SR. 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			
7. Name and Address of New Registered Agent Name Veoria Clay Sr Street Address (P.O. Box Number is Not Acceptable) 187 Lake Thomas Drive City Winter Haven FL Zip Code 33880				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Veoria Clay 01-10-07 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CLAY, VEORIA SR. 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			TITLE NAME STREET ADDRESS CITY-ST-ZIP	187 Lake Thomas Drive Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, JUDY 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			TITLE NAME STREET ADDRESS CITY-ST-ZIP	187 Lake Thomas Drive Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EXILORME, YOLANDA 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			TITLE NAME STREET ADDRESS CITY-ST-ZIP	187 Lake Thomas Drive Winter Haven FL 33880		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Veoria Clay <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 01-10-07 <small>Daytime Phone #</small>			