2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000007456

Entity Name: CLEMENCE MINISTRIES, INC.

Current Principal Place of Business:

1760 TIMBER RIDGE CIRCLE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 492812
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 02-0727999 **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:

CLEMENCE, DAVID E
1760 TIMBER RIDGE CIRCLE
LEESBURG, FL 34748 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: DAVID E CLEMENCE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDB ( ) Delete
Name: CLEMENCE, DAVID C
Address: 1760 TIMBER RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: SDS ( ) Delete
Name: CLEMENCE, JULIE E
Address: 1760 TIMBER RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: VDB ( ) Delete
Name: THOMAS, LONNIE C
Address: 4957 TIMBER RIDGE DR
City-St-Zip: PACE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VDB (X) Change ( ) Addition
Name: THOMAS, LONNIE C
Address: 4957 TIMBER RIDGE DR
City-St-Zip: PACE, FL 32571

Title: TDT ( ) Change (X) Addition
Name: THOMAS, SHARON G
Address: 59 HURLBURT AVE
City-St-Zip: AKRON, OH 44303

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: LONNIE C THOMAS VDB 04/23/2009

Electronic Signature of Signing Officer or Director — Date