2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008357

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ST PETE, FL 33759

2405 COUNTRY CLUB DR

TALLAHASSEE, FL 32301

HOLMES, ALICE

() Delete

FILED Oct 21, 2009 Secretary of State

Entity Name: "ALL NATION" END-TIME MINISTRIES INC

Current Principal Place of Business: New Principal Place of Business: RRI BOX 1405 DARIEN, GA 31305 **Current Mailing Address: New Mailing Address: RRI BOX 1405** DARIEN, GA 31305 FEI Number: 32-0126373 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: Name and Address of New Registered Agent: ALSTON, VICTORIA 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759 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: VICTORIA ALSTON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ALSTON, VICTORIA ALSTON, VICTORIA Name: Name: Address: **RRI BOX 1405** Address: 1269 SCOTT RD. SE. City-St-Zip: DARIEN, GA 31305 City-St-Zip: DARIEN, GA 31305 Title: Title: (X) Change () Addition () Delete ALSTON, WILLIE Name: Name: ALSTON, WILLIE Address: **RRI BOX 1405** Address: 1269 SCOTT RD. SE. City-St-Zip: DARIEN, GA 31305 City-St-Zip: DARIEN, GA 31305 Title: () Delete Title: () Change () Addition HINSON, ROBERT Name: Name: 1944 12 AVE 80 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICTORIA ALSTON O 10/21/2009

() Change () Addition