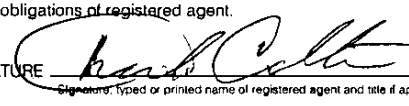


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009554 1. Entity Name TURN IT AROUND MINISTRIES, INC.					
Principal Place of Business 201 RIDGE RD. TALLAHASSEE, FL 32305			Mailing Address 201 RIDGE RD. TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent COTTON, TALIA 201 RIDGE RD. TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name <u>Charles Cotton</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 Ridge Rd.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32305</u>		
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 <u></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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	PD PONDER, ANNETTE 201 RIDGE RD. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COTTON, TALIA 201 RIDGE RD. TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCCRAY, JUANITA 215 BRAGG DR. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUCHTS, ROBERT A 215 BRAGG DR. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <u>Gerald Ponder</u> <u>201 Ridge Rd.</u> <u>Tallahassee FL 32305</u>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					



10042007 REIN-NP CR2E099 (1/07)

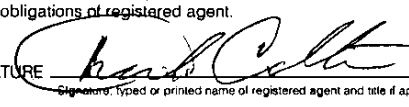
4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

COTTON, TALIA
201 RIDGE RD.
TALLAHASSEE, FL 32305

Name Charles Cotton
Street Address (P.O. Box Number is Not Acceptable)
201 Ridge Rd.
City Tallahassee FL Zip Code 32305

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SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PONDER, ANNETTE
201 RIDGE RD.
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
COTTON, TALIA
201 RIDGE RD.
TALLAHASSEE, FL 32305

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
MCCRAY, JUANITA
215 BRAGG DR.
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCHUCHTS, ROBERT A
215 BRAGG DR.
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P Gerald Ponder
201 Ridge Rd.
Tallahassee FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

000110993300
10/19/07--01007--037 **122.50

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #