


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT #</b> N04000009554	
<b>1. Entity Name</b> TURN IT AROUND MINISTRIES, INC.	

FILED

09 JAN 26 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 201 RIDGE RD. TALLAHASSEE, FL 32305	<b>Mailing Address</b> 201 RIDGE RD. TALLAHASSEE, FL 32305
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b> 208 Arden rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

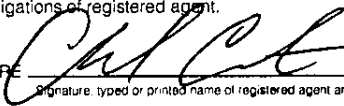
01262009 REIN-NP CR2E099 (1/07)

<b>City &amp; State</b> Tallahassee FL	<b>City &amp; State</b> Tallahassee FL
<b>Zip</b> 32305	<b>Country</b>

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  COTTON, CHARLES 201 RIDGE RD. TALLAHASSEE, FL 32305	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 2/26/09
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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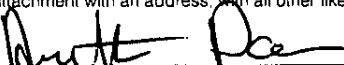
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> PONDER, ANNETTE <b>STREET ADDRESS</b> 201 RIDGE RD. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> PONDER, GERALD <b>STREET ADDRESS</b> 201 RIDGE RD. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> MCCRAY, JUANITA <b>STREET ADDRESS</b> 215 BRAGG DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> SCHUCHTS, ROBERT A <b>STREET ADDRESS</b> 215 BRAGG DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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0127/09--01002--004 \*\*122.50

REINSTATEMENT

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<b>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.</b>	
<b>SIGNATURE:</b> 	<b>1-26-09</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>