


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011192		
1. Entity Name THRU THE ROOF MINISTRIES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 11 PM 3:11

STATEMENT 05-09



Principal Place of Business 208 17TH STREET ST AUGUSTINE, FL 32084	Mailing Address 7831 FAWN VALLEY LANE JACKSONVILLE, FL 32256
--	--

2. Principal Place of Business - No P.O. Box # 308 3rd Street	3. Mailing Address 308 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092009 REIN-NP CR2E099 (1/07)

City & State St. Augustine, FL	City & State St. Augustine, FL	4. FEI Number 59-3790336	Applied For <input type="checkbox"/> Not Applicable
Zip 32084	Country St. Johns	Zip 32084	Country St. Johns

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

6. Name and Address of Current Registered Agent LAWRENCE, HAROLD L 208 17TH STREET ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 308 3rd Street City St. Augustine FL Zip Code 32084	
--	--	---	--

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.

500145571565

03/11/09--01026--024 **297.50

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 \$297.50

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	P/D LAWRENCE, HAROLD 208 17TH STREET ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 3rd Street St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HYSLER, JODY 7831 FAWN VALLEY LANE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D Mel Fannin 625 D Ponte Vedra Blvd. Ponte Vedra Bch, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D CHINCHAR, MICHAEL 1279 DE GROVE ROAD JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/D Nick Hara lambou 12533 Sugarberry Way Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTNER, BRIAN 208 17TH STREET ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 3rd Street St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURWARD, WHITE 600 SAND ISLES CIRCLE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SID Charlotte Haralambou 12533 Sugarberry Way Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LAWRENCE, DEBBIE 208 17TH STREET ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 308 3rd Street St. Augustine, FL 32084

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 49, 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: Harold Lawrence HAROLD LAWRENCE 03-09-09 904-881-4975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #