2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 26, 2006
Secretary of State

DOCUMENT# N05000000230

Entity Name: AMEN OUTREACH MINISTRY, INC.

Current Principal Place of Business:

4209 W. LASALLE STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 4472
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3629298 **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:

MAYS, SUSAN A
4209 W. LASALLE STREET
TAMPA, FL 33607 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: EBONY WILSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MAYS, SUSAN A	
Address:	4209 W. LASALLE STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	TREA	( ) Delete
Name:	JOHNSON, LUCILLE	
Address:	4211 W. LASALLE STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	SEC	( ) Delete
Name:	STOKES, ASHLEY N	
Address:	640 MARY MCLEOD BLVD	
City-St-Zip:	DAYTONA BCH, FL 32114	
Title:	SEC	( ) Delete
Name:	WILSON, EBONY L	
Address:	705 OAKHURST PLACET APT 173	
City-St-Zip:	TAMPA, FL 33606 FL	
Title:	PR	( ) Delete
Name:	VICTORIA, LEWIS	
Address:	PO BOX 22281	
City-St-Zip:	TAMPA, FL 33622	
Title:	TRUS	( ) Delete
Name:	FRIDAY-SMITH, DEBRA	
Address:	4901 RAMBLING ROSE PLACE	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN A. MAYS DIR 09/26/2006

Electronic Signature of Signing Officer or Director — Date