


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004950 1. Entity Name WORD OF LIFE END TIME MINISTRIES, INC.						<div style="text-align: center;">FILED</div> <div style="text-align: center;">2008 OCT -2 AM 10:25</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 8057 LAMB COURT JACKSONVILLE, FL 32244				Mailing Address 7137 RAMPART RIDGE CIRCLE W JACKSONVILLE, FL 32244 <div style="text-align: center;">32244</div>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 1.2em;">09292008 REIN-NP CR2E099 (1707)</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSON, JOYCE K 8057 LAMB COURT JACKSONVILLE, FL 32244				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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	BP			TITLE			
NAME	JOHNSON, WALTER F			NAME			
STREET ADDRESS	8057 LAMB COURT			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32244			CITY - ST - ZIP			
TITLE	VT			TITLE			
NAME	JOHNSON, JOYCE K			NAME			
STREET ADDRESS	8057 LAMB COURT			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32244			CITY - ST - ZIP			
TITLE	S			TITLE			
NAME	LEE, DELORES			NAME			
STREET ADDRESS	5806 TEMPEST ST			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32244			CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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>Walter Johnson</u> Pres / Bishop - Pastor 9/29/08 904 651-7806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							