

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008142

FILED  
Dec 06, 2006  
Secretary of State

**Entity Name:** NEW HEARTS ENCOURAGEMENT MINISTRIES, INC.

**Current Principal Place of Business:**

14 N HUDSON STREET  
ORLANDO, FL 328351415

**New Principal Place of Business:**

2245 SILVER PINES PLACE  
ORLANDO, FL 32808

**Current Mailing Address:**

14 N HUDSON STREET  
ORLANDO, FL 328351415

**New Mailing Address:**

P.O. BOX 682531  
ORLANDO, FL 32868

FEI Number: 86-1156150

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:**

SCOTT, VIOLET L  
14 N HUDSON STREET  
ORLANDO, FL 328351415 US

**Name and Address of New Registered Agent:**

SCOTT, VIOLET L  
2245 SILVER PINES PLACE  
ORLANDO, FL 32808 US

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: VIOLET L SCOTT

12/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SCOTT, VIOLET L  
Address: 14 N HUDSON STREET  
City-St-Zip: ORLANDO, FL 328351415

Title: DT ( ) Delete  
Name: TAYLOR, ERCELL JR  
Address: 14 N HUDSON STREET  
City-St-Zip: ORLANDO, FL 328351415

Title: DV ( ) Delete  
Name: DORN, CHARLES  
Address: 5172 LAVAL DR  
City-St-Zip: ORLANDO, FL 32839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: SCOTT, VIOLET L  
Address: 2245 SILVER PINES PLACE  
City-St-Zip: ORLANDO, FL 32808

Title: DT (X) Change ( ) Addition  
Name: TAYLOR, ERCELL JR  
Address: 2245 SILVER PINES PLACE  
City-St-Zip: ORLANDO, FL 32808

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: VIOLET L SCOTT

PRES

12/06/2006

Electronic Signature of Signing Officer or Director

Date