

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008447

FILED
Feb 28, 2007
Secretary of State

Entity Name: EVANGELISTIC TENT MINISTRY, INC. OF SEMINOLE COUNTY

Current Principal Place of Business:

PO BOX 470956
LAKE MONROE, FL 32747

New Principal Place of Business:

209 B WEST 1ST ST.
SANFORD, FL 32771

Current Mailing Address:

PO BOX 470956
LAKE MONROE, FL 32747

New Mailing Address:

209 B W. 1ST ST
SANFORD, FL 32771

FEI Number: 56-2589218 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MOORE, DARRELL R
1204 W 7TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

PEREZ, RONNIE SR.
2664 E. WACO DR.
DELTONA, FL 32738 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: RONNIE PEREZ

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: JAMES, TIMOTHY
Address: 405-A HOLLY AVE.
City-St-Zip: SANFORD, FL 32771

Title: VPD () Change (X) Addition
Name: PATTERSON, WILLIE
Address: 39 MCKENLEY LANE
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: FAISON, RETINA
Address: 405-A HOLLY AVE.
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: LONG, SAMONE
Address: 38 HIGGINS TERRACE
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: JAMES, ROSETTA
Address: 405-A HOLLY AVE.
City-St-Zip: SANFORD, FL 32771

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: TIMOTHY JAMES

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date