2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# N05000010999

Entity Name: FAITH OUTREACH MINISTRIES (APOSTOLIC) INC.

Current Principal Place of Business:

744 COMBEE ROAD
LAKELAND, FL 32810

New Principal Place of Business:

Current Mailing Address:

744 COMBEE ROAD
LAKELAND, FL 32810

New Mailing Address:

FEI Number: 26-2711704 **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:

JAOBS, SAMUEL L
1324 ALAMEDA DR. NORTH
LAKELAND, FL 33805 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: ARLENE JONES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACOBS, SAMUEL L
Address: 1324 ALMEDA DR. NORTH
City-St-Zip: LAKELAND, FL 33805

Title: PD ( ) Delete
Name: JACOBS, LINDA
Address: 1324 ALMEDA DR. NORTH
City-St-Zip: LAKELAND, FL 33805

Title: SD ( ) Delete
Name: JONES, ARLENE
Address: 317 NORMANDY ST.
City-St-Zip: LAKELAND, FL 33805

Title: TD ( ) Delete
Name: HALL, HELEN
Address: 1409 KETTLES AVE. APT. A
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete
Name: WILLIAMS, FRANCES
Address: 1306 FAIRBANKS ST.
City-St-Zip: LAKELAND, FL 33805

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:

I hereby certify that the information supplied with this filing does not qualify 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: SAMMIE JACOBS PD 06/25/2007

Electronic Signature of Signing Officer or Director — Date