

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011894

FILED
May 30, 2007
Secretary of State

Entity Name: SHARNELL JACKSON MINISTRIES, INC.

Current Principal Place of Business:

4158 INVERRARY DR. #505
LAUDERHILL, FL 33319

New Principal Place of Business:

16221 NW 19TH AVENUE
OPA LOCKA, FL 33054

Current Mailing Address:

4158 INVERRARY DR. #505
LAUDERHILL, FL 33319

New Mailing Address:

16221 NW 19TH AVENUE
OPA LOCKA, FL 33054

FEI Number: 20-3090882 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:

JACKSON, SHARNELL
4158 INVERRARY DR. #505
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

JACKSON, SHARNELL
16221 NW 19TH AVENUE
OPA LOCKA, FL 33054 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: SHARNELL JACKSON

05/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACKSON, SHARNELL
Address: 4158 INVERRARY DR. #505
City-St-Zip: LAUDERHILL, FL 33319

Title: VD () Delete
Name: JAMES, COYLETTE
Address: 1710 STONEHAVEN DRIVE #1710-3
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: DRUMMOND, TRICIA
Address: 11910 NW 38TH PLACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACKSON, SHARNELL
Address: 16221 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

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

Title: SD (X) Change () Addition
Name: MCCLARY, YVONNE
Address: 2830 SOMERSET DRIVE APT 309
City-St-Zip: LAUDERDALE LAKES, FL 33311

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: SHARNELL JACKSON

PD

05/30/2007

Electronic Signature of Signing Officer or Director

Date