

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000002579

**FILED**  
**Apr 24, 2013**  
**Secretary of State**

**Entity Name:** JESUS IS... OUTREACH MINISTRY INC

**Current Principal Place of Business:**

4511 LOBLOLLY BAY ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

3315 MAGNOLIA TRACE  
LABELLE, FL 33935

**Current Mailing Address:**

4511 LOBLOLLY BAY ROAD  
LABELLE, FL 33935

**New Mailing Address:**

PO.BOX 1975  
LABELLE, FL 33975

**FEI Number:** 20-4446841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, ALEX L  
4511 LOBLOLLY BAY ROAD  
LABELLE, FL 33935 US

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

GRANT, ALEX L  
3315 MAGNOLIA TRACE  
LABELLE, FL 33935 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: ALEX L.GRANT

04/24/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRANT, ALEX L  
Address: 3315 MAGNOLIA TRACE  
City-St-Zip: LABELLE, FL 33935

Title: S T  
Name: GRANT, MARY  
Address: 3315 MAGNOLIA TRACE  
City-St-Zip: LABELLE, FL 33935

Title: VP  
Name: WILLIAMS, L.D. JR.  
Address: 314 MONTGOMERY AVE  
City-St-Zip: FORT MYERS, FL 33905

Title: D  
Name: SCOTT, ORVILLE  
Address: 3315 MAGNOLIA TRACE  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: ALEX L GRANT

REV.

04/24/2013

Electronic Signature of Signing Officer or Director

Date