2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# N06000004972

Entity Name: ANASTASIA MINISTRIES, INC.

Current Principal Place of Business:

12838 NW 18TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

20462 NW 10TH AVE
MIAMI GARDENS, FL 33169

Current Mailing Address:

12838 NW 18TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

12838 NW 18TH CT
PEMBROKE PINES, FL 33028

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MARINER, LESLIE C
3123 SW 176 TERRACE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

MOORE, LA SHINDA S
20462 NW 10TH CT
MIAMI, FL 33169 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: LA SHINDA MOORE 09/21/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HODGE, DAVID A SR.
Address: 12838 NW 18TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete
Name: ARCHER, JOY
Address: 8649 CLARIDGE DRIVE
City-St-Zip: MIRAMAR, FL 33025

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C ( ) Change (X) Addition
Name: MOORE, LA SHINDA S
Address: 20642 NW 10TH AVE
City-St-Zip: MIAMI, FL 33169

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: LA SHINDA MOORE C 09/21/2007
Electronic Signature of Signing Officer or Director Date