

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011884

FILED  
Nov 09, 2009  
Secretary of State

**Entity Name:** EMPOWERED BY GRACE MINISTRIES, INC.

**Current Principal Place of Business:**

8912 JEFFERSON AVENUE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

11061 APPLE BLOSSOM TRAIL  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

8912 JEFFERSON AVENUE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

11061 APPLE BLOSSOM TRAIL  
JACKSONVILLE, FL 32218

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CHERRY, RAY C  
8912 JEFFERSON AVENUE  
JACKSONVILLE, FL 32208 US

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

CHERRY, RAY C  
11061 APPLE BLOSSOM TRAIL  
JACKSONVILLE, FL 32218 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: RAY C CHERRY

11/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHERRY, RAY C  
Address: 8912 JEFFERSON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: BUTLER, TRAMAIN N  
Address: 1084 RAONDA RD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S ( ) Delete  
Name: MRAVA, MARSHALL P  
Address: 7201 ARLINGDON EXPY #55  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHERRY, RAY C  
Address: 11061 APPLE BLOSSOM TRAIL  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change ( ) Addition  
Name: BUTLER, TRAMAIN N  
Address: 11061 APPLE BLOSSOM TRAIL  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change ( ) Addition  
Name: CYNTHIA, YOUNG L  
Address: 1930 MILL CREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

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: RAY C CHERRY

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date