

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000861

FILED
May 14, 2009
Secretary of State

Entity Name: NEW GENERATION OUTREACH MINISTRIES INCORPORATED

Current Principal Place of Business:

1834 S.W. GEMINI LANE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1834 S.W. GEMINI LANE
PORT ST LUCIE, FL 34984

New Mailing Address:

1834 SW GEMINI LANE
PORT SAINT LUCIE, FL 34984 US

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:

MCLEAN, DAVID
1834 S.W. GEMINI LANE
PORT ST LUCIE, FL 34984 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: DAVID MCLEAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MCLEAN, DAVID
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete
Name: GLENN, GARY
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ST () Delete
Name: GUTHRIE, LOSOMIE
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete
Name: HARRIS, OLIVE
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: VASSELL, JOHN
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ST (X) Change () Addition
Name: MCLEAN, LOSOMIE
Address: 1834 S.W. GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984

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: LOSOMIE MCLEAN

ST

05/14/2009

Electronic Signature of Signing Officer or Director

Date