

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07000005272</b> 1. Entity Name <b>CHANGING LIVES INTERNATIONAL MINISTRIES, INC.</b>					
Principal Place of Business <b>4650 ELDRON AVE. NORTH PORT, FL 34286</b>			Mailing Address <b>4650 ELDRON AVE. NORTH PORT, FL 34286</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="display: flex; justify-content: space-between;"> <span><b>11-3790887</b></span> <span>Applied For <input type="checkbox"/> Not Applicable</span> </div>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>NICHOLAS, MARVA MICHELLE 4650 ELDRON AVE. NORTH PORT, FL 34286</b>			7. Name and Address of New Registered Agent Name <b>DR. YVONNE L. CARTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>570 N.E. 38th Street</b> <b>Pompano Beach, FL</b> City <b>FL</b> Zip Code <b>33064</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u><i>Dr. Yvonne L. Carter</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>10/20/08</u>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$61.25</b> <small>After January 1, 2009, Fee will be \$122.50</small>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS, MARVA MICHELLE 4650 ELDRON AVE. NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, YVONNE L 2236 SAW PALMETTO LANE #113 ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLAS, SHERYL 4650 ELDRON AVE. NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u><i>Dr. Yvonne L. Carter Vice President</i></u> <u>10/20/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED  
08 NOV 21 AM 9:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



10222008 REIN-NP CR2E099 (1/07)

11/24/08