2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0700007902 1. Entity Name LJB. MINISTRIES INC.						09 APR 23 A	•	
735 WEST KALMIA DR. 7			Mailing Address 735 WEST KALMIA DR. LAKE PARK, FL 33403		/4, i 	LUGGE PARCY L	JF STATE JFLORIDA	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc.		3. Mailing Address Suite, Apt. #, etc.			02172009 REIN	(ATEMEN	I.0.809	-
City & State		City & State			4. FEI Number		Applied for	L_ le
Zip	Country	Zıp	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			TV.
6.	Name and Address of Current	Registered Agent	Name		7. Name and Addre	ess of New Registere		
JEANBAPTIST 735 W KALMIA LAKE PARK, F					(P.O. Box Number is Not Acceptable)			
			City		\ FL-\Zip C			
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 				or registere	ed agent, or both, in th		<u> </u>	pt
SIGNATURE								
FILE N	NOW!!! FEE IS \$122.50	In accordan corporation	In accordance with s. 607.193(2)(b) corporation did not receive the prior			, F.S., the Make check payable to notice. Florida Department of State		
10.	OFFICERS AND DIR	RECTORS Delete	11.	A T	DDITIONS/CHANGES	S TO OFFICERS AND I	DIRECTORS IN 10 Change Addition	inn
NAME JEA STREET ADDRESS 154	JEAN-BAPTISTE, GUITO PRESIDE			50	SHONIE	JEAN		E
STREET ADDRESS 341	EA JISHARD, JEANBAPTISTE TR 1 SILVER BEACH KE PARK, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.	rhaine		Change Paddilion		
TITLE SECONAME FAE		☐ Delete T	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change 🔼 Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC 735 450	ma Sean 5 W Kaln De Belve	Rapture highen to	Change Addition Addition Change Addition Change	on 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4/23/19	147545	1 Change Addition	on .
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		400 : 03/26/09-	147545 01020034	□ Change □ Addition 1 5 4 **70.25	on
indicated on the	y that the information supplied with his report or supplemental report is tion or the receiver or trustee emporn an attachment vith an address, w	true and accurate and that movered to execute this report.	ny signature shall i as required by Ch	have the s	ame legal effect as if r Florida Statutes: and	made under oath; that	I am an officer or director	r