

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000770

FILED
Dec 12, 2009
Secretary of State

Entity Name: REGENERATE STUDENT MINISTRIES, INC.

Current Principal Place of Business:

8313 ELAN DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

2607 MANASSAS WAY
TALLAHASSEE, FL 32312

Current Mailing Address:

8313 ELAN DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

125 ADALIA AVENUE
TAMPA, FL 33606

FEI Number: 38-3774502 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

SANDERS, JOHN
2607 MANASSAS WAY
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

SANDERS, JOHN T
2607 MANASSAS WAY
TALLAHASSEE, FL 32312 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: JOHN SANDERS

12/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERS, JOHN
Address: 8313 ELAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: JOHNSON, WALTER
Address: 4766 SE 35TH AVENUE
City-St-Zip: OCALA, FL 34480

Title: SD () Delete
Name: SANDERS, LISA
Address: 8313 ELAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: FOUNTAIN, GRAHAM W
Address: 2809 WHITTINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WAY, MICHAEL PH.D.
Address: 1000 UNIVERSITY DRIVE WEST
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: COOLEY, LORI
Address: 1368 NORRIAS ROAD
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERS, JOHN T
Address: 2607 MANASSAS WAY
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

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

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: JOHN SANDERS

PD

12/12/2009

Electronic Signature of Signing Officer or Director

Date