

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002793

FILED  
Oct 08, 2009  
Secretary of State

**Entity Name:** ALL SOULS OUTREACH EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

23445 NELSON AVE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

23445 NELSON AVE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

**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:**

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

ANDERSON, LOUIS C JR  
23445 NELSON AVE  
PORT CHARLOTTE, FL 33954 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: LOUIS ANDERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: ANDERSON, LOUIS C JR  
Address: 23445 NELSON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VC ( ) Delete  
Name: ALLEN, ALICIA  
Address: 2006 SARAH LOUISE DR  
City-St-Zip: BRANDON, FL 33510

Title: ST ( ) Delete  
Name: ANDERSON, JACOBI  
Address: 5301 SW 19TH ST.  
City-St-Zip: WEST PARK, FL 33023

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

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: ALICIA ALLEN

VC

10/08/2009

Electronic Signature of Signing Officer or Director

Date