

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000006597

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Entity Name:** ABUNDANT LIFE CHANGING MINISTRIES INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

563 BARTON BLVD., STE. 9 & 10  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 237253  
COCOA, FL 329237253

**New Mailing Address:**

**FEI Number:** 26-2492395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIMES, LEE N PASTOR  
6540 GREENWOOD AVE.  
COCOA, FL 32927 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:** LEE N. GRIMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PPF  
**Name:** GRIMES, LEE . N  
**Address:** 6450 GREENWOOD AVE.  
**City-St-Zip:** COCOA, FL 32927

**Title:** VPP  
**Name:** GRIMES, SHANNON E  
**Address:** 6450 GREENWOOD AVE.  
**City-St-Zip:** COCOA, FL 32927

**Title:** ADM  
**Name:** CHRISTIAN, JAMES  
**Address:** 1288 ESTRIDGE DRIVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** LEE N. GRIMES

PPF

10/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date