2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# N08000008773

Entity Name: NEHEMIAH COMMUNITY RESTORATION PROJECT, INC.

Current Principal Place of Business:

989 WEST KENNEDY BLVD.
EATONVILLE, FL 32810

New Principal Place of Business:

Current Mailing Address:

989 WEST KENNEDY BLVD.
EATONVILLE, FL 32810

New Mailing Address:

FEI Number: 80-0270762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALSTON, THOMAS N
989 WEST KENNEDY BLVD.
EATONVILLE, FL 32810 US

Name and Address of New Registered Agent:

BARNES, WILLIE C
989 WEST KENNEDY BLVD.
EATONVILLE, FL 32810 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: WILLIE C BARNES 11/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: BARNES, WILLIE C PASTOR
Address: 7656 ST. STEPHENS COURT
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: BARNES, WILLIE C PASTOR
Address: 7656 ST. STEPHENS COURT
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete
Name: POOLE, MELINDA
Address: 2029 COLONIAL WOOD BLVD.
City-St-Zip: ORLANDO, FL 32838

Title: T ( ) Delete
Name: ANTONE, BRUCE
Address: 8627 SHENNA COURT
City-St-Zip: ORLANDO, FL 32818

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:

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: WILLIE C BARNES CHRM 11/11/2009
Electronic Signature of Signing Officer or Director Date