

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009220

FILED
Nov 30, 2009
Secretary of State

Entity Name: ALADDAN CHRISTIAN MINISTRIES INCORPORATED

Current Principal Place of Business:

3825 DIVISION STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

1215 SQUIRREL LANE SOUTH
JACKSONVILLE, FL 32218

Current Mailing Address:

9998 LANCASHIRE DRIVE
JACKSONVILLE, FL 32219

New Mailing Address:

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

TURNER, DANYELLE N
9998 LANCASHIRE DRIVE
JACKSONVILLE, FL 32219 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: DANYELLE TURNER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, DANYELLE N
Address: 9998 LANCASHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Delete
Name: TURNER, JOAN F
Address: 1215 SQUIREL LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC () Delete
Name: TURNER, RAYNELL C
Address: 10951 NAPLES COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, AARON
Address: 9998 LANCASHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

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: DANYELLE TURNER

RA

11/30/2009

Electronic Signature of Signing Officer or Director

Date