## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000010826

FILED Oct 09, 2009 Secretary of State

Entity Name: DIVINE PURPOSE FELLOWSHIP INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 4257 SE 10TH PLACE APT. #103 GAINESVILLE, FL 32641 **Current Mailing Address: New Mailing Address:** 4257 SE 10TH PLACE APT. #103 GAINESVILLE, FL 32641 FFI 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: MATHEWS, RONNIE JR MATHEWS, RONNIE J PASTOR 4257 SE 10TH PLACE APT. #103 4257 SE 10TH PLACE APT. #103 GAINESVILLE, FL 32641 GAINESVILLE, FL 32641 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: RONNIE MATHEWS 10/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MATHEWS, RONNIE JR Name: Name: 4257 SE 10TH PLACE APT. #103 Address: Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: MATHEWS, RENARDR B Name: Address: 4257 SE 10TH PLACE APT. #103 Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: Title: () Delete Title: () Change () Addition MATHEWS, JAMES SR Name: Name: 4257 SE 10TH PLACE APT. #103 Address: Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: MATHEWS, CARSON Name: 4257 SE 10TH PLACE APT. #103 Address: Address: City-St-Zip: GAINESVILLE, FL 32641 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: RONNIE MATHEWS PSTR 10/09/2009