

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Apr 14, 2011  
Secretary of State**

DOCUMENT# N09000012113

**Entity Name:** HEAVEN EMPOWERED - COMMUNITY ASSISTANCE NETWORK, INC.

**Current Principal Place of Business:**

1879 S. US HIGHWAY 129  
BELL, FL 32619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2146  
TRENTON, FL 32693

**New Mailing Address:**

**FEI Number:** 27-1779372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHASTAIN, JOHN  
1879 S. US HIGHWAY 129  
BELL, FL 32619 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: JOHN CHASTAIN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHASTAIN, JOHN ELDER  
Address: P.O. BOX 2146  
City-St-Zip: TRENTON, FL 32693

Title: D  
Name: MILLER, JOHN PASTOR  
Address: P.O. BOX 2146  
City-St-Zip: TRENTON, FL 32693

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: JOHN CHASTAIN

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

D

04/14/2011

\_\_\_\_\_  
Date