

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000000519

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SEBRING MINISTERIAL ALLIANCE, INC.

**Current Principal Place of Business:**

402 WEST FOURTH COURT  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

662 LEMON AVE.  
SEBRING, FL 33870

**Current Mailing Address:**

402 WEST FOURTH COURT  
FROSTPROOF, FL 33843

**New Mailing Address:**

662 LEMON AVE.  
SEBRING, FL 33870

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONALDSON, AL  
402 WEST FOURTH COURT  
FROSTPROOF, FL 33843 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: AL DONALDSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DONALDSON, AL  
Address: 402 W. FOURTH COURT  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: RUE, MICHAEL  
Address: 662 LEMON STREET  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: SANDERS, SPENCER  
Address: 860 LEMON STREET  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: MCGAHEE, TIMOTHY  
Address: 820 MARTIN LUTHER KING JR. BLVD.  
City-St-Zip: SEBRING, FL 33870

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: MICHAEL RUE.

D

04/17/2012

Electronic Signature of Signing Officer or Director

Date