

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000006642

FILED  
Jul 19, 2012  
Secretary of State

**Entity Name:** ZEAL OF OBEDIENCE INTERNATIONAL FHOR MINISTRIES INC.

**Current Principal Place of Business:**

9825 GATE PARKWAY NORTH  
APT. 2111  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

8680 BAYMEADOWS RD. EAST  
UNIT #513  
JACKSONVILLE, FL 32256 UN

**Current Mailing Address:**

9825 GATE PARKWAY NORTH  
APT. 2111  
JACKSONVILLE, FL 32246

**New Mailing Address:**

8680 BAYMEADOWS RD. EAST  
UNIT #513  
JACKSONVILLE, FL 32256 UN

**FEI Number:** 90-0634567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, LAVERNE J  
9825 GATE PARKWAY NORTH  
APT. 2111  
JACKSONVILLE, FL 32246 US

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

SHAW, LAVERNE J  
8680 BAYMEADOWS RD. EAST  
UNIT #513  
JACKSONVILLE, FL 32256 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: LAVERNE SHAW

07/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAW, LAVERNE J  
Address: 8680 BAYMEADOWS RD. EAST #513  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD  
Name: SHAW, RICHARD C  
Address: 801 DASA LEO COURT  
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: D  
Name: GRAY, ATHENIA A  
Address: 1682 WOODPECKER LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: WESTON, LAVERNE P  
Address: 1682 WOODPECKER LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: SHORTER, TERRILYN D  
Address: 1609 SUGAR PINE DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

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: LAVERNE SHAW

PD

07/19/2012

Electronic Signature of Signing Officer or Director

Date