## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N11000002096

Jan 17, 2014 Secretary of State

Entity Name: JESUS PAID IT -ALL- TO HIM I OWE OUTREACH & DELIVERANCE MINISTRY INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5506-1 AVENUE B

JACKSONVILLE, FL 32209 US

**Current Mailing Address: New Mailing Address:** 

947 KENMORE STREET

JACKSONVILLE, FL 32208 US

FEI Number: 27-2165868 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STUDEMIRE, LESA C 947 KENMORE STREET JACKSONVILLE, FL 32208

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: LESA C STUDEMIRE

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

**PAST** 

STUDEMIRE, LESA C Name: Address: 947 KENMORE STREET City-St-Zip: JACKSONVILLE, FL 32208 US

Title: TREA

Name: STUDEMIRE, JOE L

Address: 6736 PETER RABBIT DRIVE NORTH City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR

MITCHELL, LEKIA T Name: Address: 5153 TIMUQUANA RD

City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR

Name: MITCHELL, ANDRE L 5153 TIMUQUANA RD Address:

City-St-Zip: JACKSONVILLE, FL 32210 US

Title:

STUDEMIRE, SHANIQUA A Name: 6736 PETER RABBIT DRIVE NORTH Address: City-St-Zip: JACKSONVILLE, FL 32210 US

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: LESA C STUDEMIRE **PAST** 01/17/2014