

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000010358

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

454 BELAIR DRIVE  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

454 BELAIR ROAD  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

POST OFFICE BOX 562  
TALLAHASSEE, FL 32302

**New Mailing Address:**

POST OFFICE BOX 562  
TALLAHASSEE, FL 323020562

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, MICHAEL R DR.  
2901 TYRON CIRCLE  
TALLAHASSEE, FL 32309 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: MICHAEL R. MOORE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: MOORE, MICHAEL R ELDER  
Address: 2901 TYRON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP  
Name: WILSON, RAYMOND ELDER  
Address: 1150 EAST KING STREET  
City-St-Zip: QUINCY, FL 32352

Title: DVP  
Name: FRANKLIN, JOSEPH D ELDER  
Address: 1407 WEKEWA NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DST  
Name: MORAN, JAMES L ELDER  
Address: 3700 CAPITAL CIRCLE, SE, APT. # 709  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D  
Name: STALLWORTH, STELLA M EVANG.  
Address: 1012 VICTORY GARDEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: MOORE-AUSTIN, BARBARA E EVANG.  
Address: 2901 TYRON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

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 R. MOORE

DR.

10/15/2013

Electronic Signature of Signing Officer or Director

Date