

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000006154

**FILED**  
**Oct 17, 2014**  
**Secretary of State**

**Entity Name:** JAMES WOOD MINISTRIES, INC.

**Current Principal Place of Business:**

17832 GLENNAP DRIVE  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

17832 GLENNAP DRIVE  
LAND O' LAKES, FL 34638 UN

**Current Mailing Address:**

17832 GLENNAP DRIVE  
LAND O' LAKES, FL 34638

**New Mailing Address:**

**FEI Number:** 46-3143797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, JAMES  
17832 GLENNAP DRIVE  
LAND O' LAKES, FL 34638 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:** JAMES WOOD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WOOD, JAMES  
**Address:** 17832 GLENNAP DRIVE  
**City-St-Zip:** LAND O' LAKES, FL 34638

**Title:** D  
**Name:** SCOTT, TAYLOR  
**Address:** 6918 GUNN HWY  
**City-St-Zip:** TAMPA, FL 33625

**Title:** D  
**Name:** GRANT, STATON  
**Address:** 1032 JACOB WAY  
**City-St-Zip:** ODESSA, FL 34556

**Title:** D  
**Name:** JODREY, KATHY  
**Address:** 11433 GLENMONT DRIVE  
**City-St-Zip:** TAMPA, FL 33635

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:** JAMES WOOD

PRES

10/17/2014

Electronic Signature of Signing Officer or Director

Date