

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N14000010729						APPROVED AND FILED 16 FEB -9 AM 11:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name NEW VISION INTERNATIONAL MINISTRIES CHURCH OF CHRIST WRITTEN IN HEAVEN, INC.							
Principal Place of Business 3203-B APALACHEE PKWY TALLAHASSEE, FL 32311		Mailing Address 3203-B APALACHEE PKWY TALLAHASSEE, FL 32311					
2. Principal Place of Business - No P.O. Box # 587 East Broadway Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 543 Suite, Apt. #, etc.					
City & State Midway FL Zip 32343		City & State Midway FL Zip 32343		4. FEI Number 02092016 REIN-NP		Applied For CR2E099 (12/11)	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CROMARTIE, FREDDIE 1618 LEVY AVE TALLAHASSEE, FL 32310	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE <u>Freddie Cromartie</u> 2-9-2016 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2017, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CROMARTIE, FREDDIE 1618 LEVY AVE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	02/09/16--01011--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **297.50		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AP ROBINSON, DORIS 3700 CAPITAL CIRCLE SE APT 1113 TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	50028197735 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/09/16--01011--002 **297.50		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AP MANUEL, THEONIZE 14985 FAIRBNKS FERRY CT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MANUEL, DEBRA 14985 FAIRBNKS FERRY CT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Freddie Cromartie</u>				<u>2-9-16</u> <u>LENORA CLOW@gmail.com</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE E-MAIL ADDRESS</small>			