

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29414

FILED  
Sep 28, 2009  
Secretary of State

**Entity Name:** JEROME SHOWERS MINISTRIES, INC.

**Current Principal Place of Business:**

6933 HAVANA HIGHWAY  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 501  
HAVANA, FL 32333

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SHOWERS, JEROME SR.  
6933 HAVANA HIGHWAY  
HAVANA, FL 32333    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: JEROME SHOWERS SR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT                      ( ) Delete  
Name: SHOWERS, JEROME SR.  
Address: 6933 HAVANA HIGHWAY  
City-St-Zip: HAVANA, FL 32333

Title: VST                      ( ) Delete  
Name: SHOWERS, TYNEASE  
Address: 6933 HAVANA HIGHWAY  
City-St-Zip: HAVANA, FL 32333

Title: TST                      ( ) Delete  
Name: WALKER, DORA  
Address: 4031 ATTAPULGUS HIGHWAY  
City-St-Zip: QUINCY, FL 32351

Title: T                      ( ) Delete  
Name: OWENS, CLIFFORD  
Address: 138 SHERVIS LANE  
City-St-Zip: HAVANA, FL 32333

Title: TT                      ( ) Delete  
Name: HARRIS, ANDREA  
Address: 29 SUGARMILL COURT  
City-St-Zip: HAVANA, FL 32333

Title: T                      ( ) Delete  
Name: OWENS, GLORIA  
Address: 138 SHERVIS LANE  
City-St-Zip: HAVANA, FL 32333

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEROME SHOWERS SR

PT

09/28/2009

Electronic Signature of Signing Officer or Director

Date