

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N30956

**FILED**  
**Oct 15, 2012**  
**Secretary of State**

**Entity Name:** SOUL HARVEST MIRACLE REVIVAL MINISTRY, INC.

**Current Principal Place of Business:**

9 BAHIA PLACE LOOP  
OCALA, FL 34472

**New Principal Place of Business:**

1923 TURNER ROAD S.E.  
ATLANTA, GA 30315

**Current Mailing Address:**

1928 VELMA STREET SE  
ATLANTA, GA 30315

**New Mailing Address:**

1923 TURNER ROAD S.E.  
ATLANTA, GA 30315

**FEI Number:** 65-0102828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FORD, ESTELLA  
9 BAHIA PLACE LOOP  
OCALA, FL 34472 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: DR.ESTELLA FORD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PALMER, CORA LEE  
Address: 1127 GREENRIDGE LANE  
City-St-Zip: LITHONIA, GA 30058

Title: STD  
Name: FORD, ESTELLA  
Address: 9 BAHIA PLACE LOOP  
City-St-Zip: OCALA, FL 34472

Title: D  
Name: TURNER, CINDY  
Address: 2419 AYLESBURY LOOP APT 166  
City-St-Zip: DECATUR, GA 30034

Title: D  
Name: BRYANT, ANNETTE P  
Address: 1928 VELMA STREET SE  
City-St-Zip: ATLANTA, GA 30315

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: ANNETTE BRYANT

D

10/15/2012

Electronic Signature of Signing Officer or Director

Date