

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N94000002438

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

**Entity Name:** FAMILY EDUCATION & HEALTH MINISTRY INC.

**Current Principal Place of Business:**

2004 DORRIS DRIVE  
ORLANDO, FL 32807

**New Principal Place of Business:**

1406 AVENUE C  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

2004 DORRIS DRIVE  
ORLANDO, FL 32807

**New Mailing Address:**

1406 AVENUE C  
ORMOND BEACH, FL 32174

**FEI Number:** 59-3235723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COOPER, GEORGE B  
2004 DORRIS DRIVE  
ORLANDO, FL 32807 US

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

COOPER, GEORGE B  
1406 AVENUE C  
ORMOND BEACH, FL 32174 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: GEORGE B. COOPER

03/15/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: COOPER, GEORGE B  
Address: 1406 AVENUE C  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD  
Name: COOPER, LOUVENIA E  
Address: 1406 AVENUE C  
City-St-Zip: ORMOND BEACH, FL 32174

Title: E/D  
Name: HILL, MITTIE E  
Address: 1406 AVENUE C  
City-St-Zip: ORMOND BEACH, FL 32174

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: GEORGE BERNARD COOPER

PRES

03/15/2013

Electronic Signature of Signing Officer or Director

Date