

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 16, 2006  
Secretary of State**

DOCUMENT# N94000005631

Entity Name: KOINONIA MINISTRIES OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

6864 SILVER STAR ROAD  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

6864 SILVER STAR ROAD  
ORLANDO, FL 32818 US

**New Mailing Address:**

FEI Number: 59-3249008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HELLIGAR, A L  
7121 LAUREL HILL DRIVE  
ORLANDO, FL 32818 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: A L HELLIGAR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RUCKER, TARSHA I  
Address: 5172 CLARION OAKS DR  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: MONROE, JAMES C  
Address: 5804 WESTBURY DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: RICHARDSON, VINCENT SR.  
Address: 6407 LOST TREE LANE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: MAGEE, MICHAEL  
Address: 2863 S CONWAY RD #216  
City-St-Zip: ORLANDO, FL 32812

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TARSHA RUCKER

MS

10/16/2006

Electronic Signature of Signing Officer or Director

Date