

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000004568

FILED  
Sep 25, 2007  
Secretary of State

Entity Name: J.U.M.P. MINISTRIES INC.

## Current Principal Place of Business:

2550 W. COLONIAL DRIVE  
SUITE 300  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

2550 W. COLONIAL DRIVE  
SUITE 300  
ORLANDO, FL 32804 US

## New Mailing Address:

FEI Number: 59-3435920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

PRATT, DURONE H  
351 STREAMVIEW WAY  
WINTERSPRINGS, FL 32708 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: DURONE PRATT

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRATT, DURONE H  
Address: 351 STREAMVIEW WAY  
City-St-Zip: WINTERSPRINGS, FL 32708

Title: SD ( ) Delete  
Name: COCROFT, CHRISTOPHER  
Address: 4224 TYMBERWOOD LANE  
City-St-Zip: ORLANDO, FL 32839

Title: TD ( ) Delete  
Name: KELLER, JASON  
Address: 152 CREEKSIDE CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: ARD, GLENDA  
Address: 2667 SKAN COURT  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: PLUMMER, LAMOND  
Address: 2540 LODGEWOOD LANE  
City-St-Zip: ORLANDO, FL 32839

Title: TD (X) Change ( ) Addition  
Name: OGLESBY, WILLIE  
Address: 809 WALNUT PLACE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change ( ) Addition  
Name: ARD, GLENDA  
Address: 642 19TH STREET  
City-St-Zip: ORLANDO, FL 32805

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: GLENDA ARD

D

09/25/2007

Electronic Signature of Signing Officer or Director

Date