

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000574

**FILED**  
**Oct 31, 2005**  
**Secretary of State**

**Entity Name:** FAITH LOVE OUTREACH MINISTRY INC.

**Current Principal Place of Business:**

213 KNIGHT BOXX RD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 375  
DOCTORS INLET, FL 32030

**New Mailing Address:**

**FEI Number:** 59-3306324      **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:**

WALKER, KENNETH  
213 KNIGHT BOXX RD  
MIDDLEBURG, FL 32068      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: KENNETH C. WALKER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD      ( ) Delete  
Name: WALKER, KENNETH C  
Address: 2691 TINA LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VMD      ( ) Delete  
Name: WALKER, JOSHIE M  
Address: 2691 TINA LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: BROWN, LAVERN  
Address: 3620 CAROLINE BLVD  
City-St-Zip: PENNEY FARM, FL 32079

Title: D      ( ) Delete  
Name: BROWN, NORMA  
Address: 3620 CAROLINE BLVD  
City-St-Zip: PENNEY FARM, FL 32079

Title: D      ( ) Delete  
Name: JONES, ROBIN L  
Address: 3030 HICKORY GLEN DR  
City-St-Zip: ORANGE PARK, FL 32065

Title: D      ( ) Delete  
Name: JONES, KIMBERLY A  
Address: 3030 HICKORY GLEN DR  
City-St-Zip: ORANGE PARK, FL 32065

**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 for the exemption stated in Section 119.07(3)(i), 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: KENNETH C. WALKER

PCD

10/31/2005

Electronic Signature of Signing Officer or Director

Date