

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003375

FILED
Oct 07, 2004
Secretary of State**Entity Name:** OVERTOWN FAMILY OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**1018 N.W. 2ND AVE
MIAMI, FL 33136**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX #016943
MIAMI, FL 331016943**New Mailing Address:****FEI Number:** 31-1603827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:**JOHNSON, DELORIS
1517 NW 102 STREET
MIAMI, FL 33147 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PCOB () Delete
Name: JOHNSON, DELORIS
Address: 1517 NW 102 ST
City-St-Zip: MIAMI, FL 33147**Title:** D () Delete
Name: BANKS, WILLIAM
Address: 1027 N.W. 1ST COURT, #204
City-St-Zip: MIAMI, FL 33136**Title:** D () Delete
Name: BANKS, PATRICIA
Address: 1027 N.W. 1ST COURT, #204
City-St-Zip: MIAMI, FL 33136**Title:** D () Delete
Name: ROGERS, SHAUNETTE
Address: 1027 N.W. 1ST COURT, #204
City-St-Zip: MIAMI, FL 33136**Title:** VP () Delete
Name: CLAYBON, LESLIE
Address: 10520 SW 149TH TERRACE
City-St-Zip: MIAMI, FL 33136**Title:** S () Delete
Name: ELLIS, CHANDRA
Address: 1027 N.W. 1ST COURT, #204
City-St-Zip: MIAMI, FL 33136**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: ROGERS, FRANCES R
Address: 1027 N.W. 1ST COURT, #104
City-St-Zip: MIAMI, FL 33136**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: DELORIS JOHNSON

PCOB

10/07/2004

Electronic Signature of Signing Officer or Director

Date