

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 10, 2007 8:00 A.
Secretary of State

DOCUMENT # N98000003595 1. Entity Name DEMARCO MINISTRY INC.					
Principal Place of Business 1505 PAGE AVE. APT 01 ORLANDO, FL 32806			Mailing Address 1505 PAGE AVE. APT 01 ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # 1505 Page		3. Mailing Address 1505 Page			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO		City & State FLA		4. FEI Number 59-3537424	
Zip 32806		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANGEL, SOLEDAD V PO BOX 568 304 2121 S. FERNCREEK AVE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name PAT DEMARCO Street Address (P.O. Box Number is Not Acceptable) 1505 PAGE 2ND City ORLANDO FL 32806		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="text-align: right; margin-right: 100px;">Rangel Quit</div>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMARCO, PAT 1505 PAGE AVE. ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR. RANGEL, SOLEDAD V 2121 SOUTH FERNCREEK AVE ORLANDO, FL 32806	<input type="checkbox"/> Delete Quit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAGNE, RUSSELL 2420 SOUTH SHINE ST ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GAGNE, LOUISE 2420 SOUTH SHINE ST ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSCARSON, GREG 2320 SOUTH BROWN ST ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: PAT DEMARCO 12-5-7 407 896-7705					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

REINSTATEMENT 2007
 102620079 (REINSP) OR25099(01/07)

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