

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 30, 2005
Secretary of State**

DOCUMENT# N98000005268

Entity Name: COMMUNITY OUTREACH MISSIONS ESTABLISHMENTS, INC. CDC

Current Principal Place of Business:

1032 ROBINSON ST.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1032 ROBINSON ST.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3576597 **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:

JONES, GWENDOLYN B
1708 GRAND OAKS DRIVE
APOPKA, FL 32703 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: GWENDOLYN B. JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, APOSTLE
Address: 1708 GRAND OAK DR
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: ADAMS, JASON
Address: 5808-ALTEC RD.
City-St-Zip: ORLANDO, FL 32808

Title: DS () Delete
Name: ROBINSON, BEVERLY
Address: 6303-MT. PLYMOUTH RD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: BOLDEN, ALLENIA
Address: 2105 17TH AVE.
City-St-Zip: APOPKA, FL 32703

Title: DS (X) Change () Addition
Name: ROBINSON, BEVERLY
Address: 216 RUBY
City-St-Zip: APOPKA, FL 32703

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: APOSTLE JONES

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date