

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000001073

**FILED**  
**Dec 05, 2010**  
**Secretary of State**

**Entity Name:** THE NEW ABUNDANT LIFE OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

131 N. MAIN STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 754  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:** 59-3540013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAYS, TONY III  
21330 NE 37TH PLACE  
WILLISTON, FL 32696 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:** TONY DAYS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAYS, GLADYS  
**Address:** 21330 NE 37TH PL  
**City-St-Zip:** WILLISTON, FL 32696

**Title:** D  
**Name:** BERRY, GEORGE  
**Address:** 10211 CTYY HWY 318  
**City-St-Zip:** REDDICK, FL 32686

**Title:** M  
**Name:** DAYS, DARWIN  
**Address:** 21330 NE 37TH PLACE  
**City-St-Zip:** WILLISTON, FL 32696

**Title:** COPT  
**Name:** DAYS, TONY III  
**Address:** 21330 NE 37TH PLACE  
**City-St-Zip:** WILLISTON, FL 32696

**Title:** M  
**Name:** LEE, VERIE  
**Address:** 246 NE 9TH ST  
**City-St-Zip:** WILLISTON, FL 32696

I hereby 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 all other like empowered.

**SIGNATURE:** GLADYS DAYS

P

12/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date