

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

DOCUMENT# N99000002619

**FILED**  
**Aug 03, 2010**  
**Secretary of State**

**Entity Name:** YOU'LL LOVE THE DIFFERENCE MINISTRIES INC.

**Current Principal Place of Business:**

10618 PINE NEEDLE DRIVE  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

10618 PINE NEEDLE DRIVE  
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number:** 65-0921698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCASKILL, RONALD  
10618 PINE NEEDLE DRIVE  
FORT PIERCE, FL 34945 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:** RONALD MCCASKILL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MCCASKILL, RONALD  
**Address:** 10618 PINE NEEDLE DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** STD  
**Name:** MCCASKILL, LINDA  
**Address:** 10618 PINE NEEDLE DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** VPD  
**Name:** MCCUTCHEN, JOE  
**Address:** 10618 PINE NEEDLE DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** D  
**Name:** PRITCHARD, TIM  
**Address:** 10618 PINE NEEDLE DR  
**City-St-Zip:** FT PIERCE, FL 34945

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:** RONALD MCCASKILL

DP

08/03/2010

Electronic Signature of Signing Officer or Director

Date