## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N99000005406

Entity Name: L. ROBINSON-CONDESO MINISTRIES, INC.

Apr 27, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

113 E. MARYLAND ST 1861 N. FEDERAL HWY EVANSVILLE, IN 47711

#175

HOLLYWOOD, FL 33020

**Current Mailing Address: New Mailing Address:** 

113 E. MARYLAND ST 1861 N. FEDERAL HWY #175

EVANSVILLE, IN 47711

HOLLYWOOD, FL 33020

FEI Number: 65-0950516 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: Name and Address of New Registered Agent:

CONDESO, LILLIE M 1861 N FEDERAL HIGHWAY #175 HOLLYWOOD, FL 33020 US

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: LILLIE M. CONDESO

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PFD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

CONDESO, LILLIE M CONDESO, LILLIE M Name: Name: 113 E. MARYLAND ST Address: 4620 SPRINGVALLEY RD Address: City-St-Zip: EVANSVILLE, IN 47711 City-St-Zip: EVANSVILLE, IN 47715

Title: () Delete Title: (X) Change ( ) Addition MICKENS, ALEENE L Name: MICKENS, ALEENE L Name:

Address: 113 E. MARYLAND ST Address: 4536 SPRINGVALLEY RD City-St-Zip: EVANSVILLE, IN 47711 City-St-Zip: EVANSVILLE, IN 47715

Title: DV () Delete Title: (X) Change ( ) Addition

CONDESO, JAVIER T CONDESO, JAVIER T Name: Name: 113 E. MARYLAND ST Address: Address: 4620 SPRINGVALLEY RD City-St-Zip: EVANSVILLE, IN 47711 City-St-Zip: EVANSVILLE, IN 47715

Title: ( ) Delete Title: (X) Change ( ) Addition

MICKENS, ISIAC M Name: MICKENS, ISIAC M Name: Address: 113 E. MARYLAND ST Address: 520 WEINBACH AVE City-St-Zip: EVANSVILLE, IN 47711 City-St-Zip: EVANSVILLE, IN 47715

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LILLIE M. CONDESO **PRES** 04/27/2006