2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000782

1. Entity Name
BLESS GOD MINISTRIES, INC.

FILED
08 JUL 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08
071215008 REIN-NP CR2E099 (1/07)

Principal Place of Business	Mailing Address
1857 BAY GROVE RD. FREEPORT, FL 32439	1857 BAY GROVE RD. FREEPORT, FL 32439

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
102 Mohegan Rd Suite, Apt. #, etc.	102 Mohegan Rd Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: St. Augustine FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. FEI Number: 59-3696985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PAUL M
1857 BAY GROVE RD.
FREEPORT, FL 32439

7. Name and Address of New Registered Agent

Name: Green, Paul M.
Street Address (P.O. Box Number is Not Acceptable): 102 Mohegan Rd
City: St. Augustine FL Zip Code: 32086

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.

SIGNATURE: Paul M. Green Director — 600133268345 07/22/08--01014--010 **131.25
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	D GREEN, PAUL M 1857 BAY GROVE RD. FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Green, Paul M. 102 Mohegan Rd St. Augustine FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, MICHELE G 1857 BAY GROVE RD. FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Green, Paul M. 102 Mohegan Rd St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, MATTHEW 53 MANDY CIR SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7/17	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Paul M. Green — Paul M. Green — 7-14-08 — 9047945877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #