

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 21, 2009  
Secretary of State**

DOCUMENT# N06000000487

Entity Name: PERKINS FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

20660 CAPELLO DR  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

20660 CAPELLO DR  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 20-4356424      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:**

PERKINS, ANNETTE M  
20660 CAPELLO DR  
VENICE, FL 34292      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: ANNETTE PERKINS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PERKINS, ROBERT M  
Address: 20660 CAPELLO DR  
City-St-Zip: VENICE, FL 34292

Title: D      ( ) Delete  
Name: PERKINS, ANNETTE M  
Address: 20660 CAPELLO DR  
City-St-Zip: VENICE, FL 34292

Title: D      ( ) Delete  
Name: PERKINS, ROBIN M  
Address: 20660 CAPELLO DR  
City-St-Zip: VENICE, FL 34292

Title: D      ( ) Delete  
Name: PERKINS, KRISTEEN CPA  
Address: 254 MIAMI AVE., W  
City-St-Zip: VENICE, FL 34285

Title: D      ( ) Delete  
Name: HART, RICHARD  
Address: 1314 CRABTREE LANE  
City-St-Zip: MONETA, VA 24121

Title: D      ( ) Delete  
Name: HART, BARBIE  
Address: 1314 CRABTREE LANE  
City-St-Zip: MONETA, VA 24121

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANNETTE PERKINS

Electronic Signature of Signing Officer or Director

SECR

10/21/2009

Date