FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91802 039 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008032

1. Entity Name
FOCAL POINT MINISTRIES, INC.

11042012

Principal Place of Business	Mailing Address
3000 CITRUS DR. EDGEWATER, FL 32141	PO BOX 1715 NEW SMYRNA BEACH, FL 32170

2. Principal Place of Business	3. Mailing Address
1491 Volco Rd.	P.O. Box 325
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, FL	City & State: Edgewater, FL
Zip: 32141 Country: USA.	Zip: 32132 Country: USA.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3700266 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS, MATTHEW A
3000 CITRUS DR.
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name: Michael D. Biggles
Street Address (P.O. Box Number is not acceptable): 1491 Volco Rd.
City: Edgewater FL Zip Code: 32141

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: Michael D. Biggles 4/28/03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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	PSD REYNOLDS, MATTHES A 3000 CITRUS DR EDGEWATER, FL 32141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD REYNOLDS, MEGAN D 3000 CITRUS DR EDGEWATER, FL 32141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUTZ, DOUG 311 GRANADA ST NEW SMTRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Michael D. Biggles 1491 Volco Rd Edgewater, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Peggy Cleaviand 4333 Whiting Way Edgewater, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tony Grant 322 CONNL RD APT 1 Edgewater, FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Matthew A. Reynolds 4/28/03 (386) 4234846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #