

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 751199 1. Entity Name JOY EXPLOSION MINISTRIES, INC.			
Principal Place of Business RT. 11, BOX 106-Y LAKE CITY, FL 32024 US		Mailing Address RT. 11, BOX 106-Y LAKE CITY, FL 32024 US	
2. Principal Place of Business 3134 SW PINE MOUNTAIN Suite, Apt. #, etc. LAKE CITY, FL City & State 32024 Columbia Zip Country		3. Mailing Address 3134 SW PINE MOUNTAIN Suite, Apt. #, etc. LAKE CITY, FL City & State 32024 Columbia Zip Country	
4. FEI Number 59-2040636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent COLEMAN, BARRY RT. 11, BOX 3330 LAKE CITY, FL 32024	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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: <u>BARRY COLEMAN / PASTOR</u> DATE: <u>6/2/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COLEMAN, BARRY STREET ADDRESS RT. 11, BOX 3330 CITY-ST-ZIP LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000076299430 06/16/06--01042--023 **306.25
TITLE VD NAME COXE, TOM STREET ADDRESS RT. 21, BOX 43 CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE VD NAME George Potts STREET ADDRESS 199 SW MIRACLE COURT CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME POTTS, GEORGE STREET ADDRESS RT. 11, BOX 105-B CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE TD NAME GLEN KORN STREET ADDRESS 1834 SW DEKLE Ld CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME NORRIS, TSCHARNA STREET ADDRESS RT. 18, BOX 173 CITY-ST-ZIP LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WHITE, BILLY STREET ADDRESS RT 21, BOX 352 CITY-ST-ZIP LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TUCKER, BRIAN STREET ADDRESS RT. 4, BOX 195 CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE D NAME Bob Meade STREET ADDRESS 209 SW WALTER AVE CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>6/2/2006</u> DAYTIME PHONE #	

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



05-122006 REIN-NP CR2E099 (11/05) 05-06

B. Mitchell JUN 13 2006