

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 769663 1. Entity Name THE OTHER SIDE MINISTRIES, INC.				FILED 05 OCT 10 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business RT.3 BOX 326 HIGHWAY 245 N. LAKE BUTLER, FL 32054 3569 NW 89 LN		Mailing Address RT.3 BOX 326 HIGHWAY 245 N. LAKE BUTLER, FL 32054 3569 NW 89 LN			
2. Principal Place of Business Suite, Apt. #, etc. LAKE BUTLER City & State FL Zip 32054		3. Mailing Address Suite, Apt. #, etc. LAKE BUTLER City & State FL Zip 32054		10062005 REIN-NP CR2E099 (6/04) 4. FEI Number 59-2328129	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, THOMAS S. RT 3 BOX 326 COUNTY ROAD 245 LAKE BUTLER, FL 32054			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>Thomas S Hatcher Pres. THOMAS S HATCHER</u> <u>10-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$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	PD HATCHER, THOMAS S RT 3 BOX 326 OR 245 N/A LAKE BUTLER, FL 3569 NW 89 LN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060456673 10/10/05--01072--012 ***61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATCHER, BETTY J. RT 3 BOX 326 N/A LAKE BUTLER, FL 3569 NW 89 LN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HATCHER, JOHN J. RT 3 BOX 326 N/A LAKE BUTLER, FL 3569 NW 89 LN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Thomas S Hatcher Pres. THOMAS S HATCHER</u> <u>10-7-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

386-752-8647