F01000005772

TRANSMITTAL LETTER

TO: Qualification/Registration Section Division of Corporations	
SUBJECT: MASTIRING Life	MINISTRIES INC.
(Name o	MINISTRIES TNC. 10004552251-9 -11/01/01-01025-003 ******78.75
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for its Affairs in Florida", "Certificate of Existence referenced not for profit corporation to condu- Please return all correspondence concerning to	
concerning to	ins matter to the following:
DAVID K. FO.	STEA SEC SECOND
(Name	of Person)
Masterise Life 1	MINISTRIES SSRY - TO
(Firm/	
P.o. Box 35	STATE ORDER
	FZ. 32235 and Zip Code)
(City, State	and Zip Code)
For further information concerning this matter	, please call:
(Name of Person)	at (904) 220 - 7474 Area Code & Daytime Telephone Number
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Area Code & Daytime Telephone Number MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	V
S70.00 Filing Fee \$\square \\$78.75 Filing Fee & Certificate of Status	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	MASTERING Life MINISTRI	1e5	Tre.		-		
	(Name of corporation: must include the word "INCO abbreviations of like import in language as will clearly person or partnership if not so contained in the name corporate suffix by a nonprofit corporation.)	RPORA ly indic at prese	TED" or "COF ate that it is a c ent. "Company"	orporation instead or "Co." may no	d of a natu	ral s a	
2.	(State or country under the law of which	3.	62-15	42382			
	it is incorporated)	(FEI number, if applicable)					
4.	8/31/93 (Date of Incorporation)	5.	Perpetu	al			
			Duration: Year perpetual")	corp. will cease t	o exist or		
6.	3/31/01			<u></u>			
	(Date corporation first conducted Affairs in Flo See sections 617.1501, 617.1502, and 817.155,	F.S.)					
7.	P.O. BOX 351149	·	·				
_	JACKSONVILLE FL. 322	235	-		i Si	0	
	/ (Current mailing add	ress)		-	CREI	NON	
8.	Religious education Purpose(s) of corporation authorized in home state or				ARY VSSE	<u>i</u>	
(Purpose(s) of corporation authorized in home state or	countr	y to be carried	out in the state of	Florida)	=	0
9.	Name and street address of Florida registe	red ag	ent:		STATE	1 NOV -1 PH 5: 04	
	DAVID K. FOSTER				> '''		
	(Na	me)				_	
	12138 Chapetows Citie	ck l	٠.				
	JACKSONV; //e (City)	, F	lorida,	32225			
	(City)		<u></u>	(Zip Code)			
Ha cor reg of c	. Registered agent's acceptance: ving been named as registered agent and to a poration at the place designated in this appli istered agent and agree to act in this capacity all statutes relative to the proper and complet th and accept the obligations of my position as	cation y. I fu e perfé	, I hereby acc rther agree to ormance of m	cept the appoir	itment as	oioma	
	State -	_					
	(Registered age	ent's sig	nature)	· · ·		-	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated. 12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Vice Chairman: PARK TENTER DRIVE Director: Address: 32643 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: 32225 Vice President: Address: 37217 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

DAVID FOSTER - Chairman / Besident

(Typed or printed name and capacity of person signing application)

Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 10/24/2001 REQUEST NUMBER: 01297531 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/31/1993 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0269844 JURISDICTION: TENNESSEE

TO:
MASTERING LIFE MINISTRIES
PO BOX 351149
JACKSONVILLE, FL 32235

REQUESTED BY:
MASTERING LIFE MINISTRIES
%DAVID FOSTER
PO BOX 351149
JACKSONVILLE, FL 32235

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"MASTERING LIFE MINISTRIES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

MASTERING LIFE MINISTRIES-FL PO BOX 351149

JACKSONVILLE, FL 32235-1149

ON DATE: 10/24/01

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002951238 ACCOUNT NUMBER: 00378306

AGRICULTURE 13

FROM:

RILEY C. DARNELL SECRETARY OF STATE