

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006147

FILED
Dec 05, 2008
Secretary of State

Entity Name: KEY MINISTRIES, INC.

Current Principal Place of Business:

9339 WOODRUN RD.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10357
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 73-1421404 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:

Name and Address of New Registered Agent:

LEAL, KEVIN A
9339 WOODRUN RD.
PENSACOLA, FL 32514 US

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: KEVIN LEAL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LEAL, KEVIN A
Address: 9339 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

Title: ST () Delete
Name: LEAL, KAREN A
Address: 9339 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: ROBINSON, GORDON T
Address: 3123 E. 66TH PLACE
City-St-Zip: TULSA, OK 74137

Title: D () Delete
Name: ANDERSON, GARY
Address: 11754 S. CANTON
City-St-Zip: TULSA, OK 74137

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:

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: KAREN LEAL

ST

12/05/2008

Electronic Signature of Signing Officer or Director

Date