2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000966

Entity Name: UNITED CHRISTIAN GIVING, INC.

FILED Dec 08, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Current Finicipal Flace of Dusiness. | New Fillicipal Flace of Dusiliess. |

5845 RIVERSIDE LANE FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

5845 RIVERSIDE LANE FORT MYERS, FL 33919

FEI Number: 31-1715273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HELMERICH, FRANK W
1560 MATTHEW DRIVE
SUITE H
FORT MYERS, FL 339071702 US

HELMERICH, FRANK W
5845 RIVERSIDE LANE
FORT MYERS, FL 33901 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: FRANK HELMERICH 12/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 HELMERICH, FRANK W
 Name:

 Address:
 5845 RIVERSIDE LN.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 WHITE, WILLIAM C
 Name:
 HELMERICH, SARAH

 Address:
 15234 BRIAR RIDGE CIRCLE
 Address:
 1301 CARLENE AVENUE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33901

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: FRANK HELMERICH PD 12/08/2009