



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000004851 1. Entity Name PARK PLACE BAPTIST MINISTRIES, INC.						FILED 05 NOV 29 PM 3:51 SECRET TALLAHASSEE, FL	
Principal Place of Business 1610 WEST LAKEVIEW AVENUE PENSACOLA, FL 32501				Mailing Address 1610 WEST LAKEVIEW AVENUE PENSACOLA, FL 32501			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2005 42005 REIN-ND CR2E089 5/04			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 59-2195875			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent AIKENS, SEBRON "TONY" SR. 1610 WEST LAKEVIEW AVENUE PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name SEBRON A. "TONY" AIKENS SR. Street Address (P.O. Box Number is Not Acceptable) 1610 W. Lakeview Avenue City Pensacola State FL Zip Code 32501			
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>Sebron A. "Tony" Aikens Sr.</u> 11/18/2005 <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 \$236.25 After January 1, 2006, Fee will be \$297.50				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	D AIKENS, SEBRON "TONY" S SR. 1610 W. LAKEVIEW AVENUE PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINKLE, TOMM 1700 N. "L" ST. APT. 206 PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SALTER, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4314 Forte St. Pace, FL 32571				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDENBACK, WILLIAM D 1384 BUTTON WILLOW TRAIL PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, WILLIAM R 1616 WEST AVERY STREET PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malone, Eutha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1700 N. "L" St. Pensacola, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, JOHN 24 SIOUX TRAIL PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061744156 11/29/05--01012--016 **236.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDENBACK, TOMMIE 1384 BUTTON WILLOW TRAIL PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Likely, Lakisha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8297 Ranger Dr. Pensacola, FL 32534				
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 register 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 another like amendment.							
SIGNATURE: <u>Sebron A. "Tony" Aikens</u> 11/18/05 850-434-5952 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							