2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000008566

1. Entity Name
EPISCOPAL COMMUNITY MINISTRIES, INC.

FILED
05 JUL 27 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
312 N 2ND ST PALATKA, FL 32177	312 N 2ND ST PALATKA, FL 32177

11302004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
5400 Belle Terre Pkwy	5400 Belle Terre Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast Fla	City & State: Palm Coast Fla
Zip: 32137 Country: US	Zip: 32137 Country: US

4. FEI Number: 59-3688353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRIE, ALLYSON B
~~43 CINCINNATI ST.~~ 1200 Plantation Island Dr. S. Ste. 140
SAINT AUGUSTINE, FL ~~32084~~ 32080

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

~~01/03/05 01023 004 **70.00~~

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 [signature] Allyson B. Currie, Esq. 5-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2005, 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: DP NAME: MARSH, ROBERT F JR STREET ADDRESS: 2462 C.H. ARNOLD CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	☒ Delete	TITLE: President NAME: Rev. Robert Stuart STREET ADDRESS: 28 Burning Bush Dr CITY-ST-ZIP: Palm Coast, FL 32137	☐ Change ☒ Addition
TITLE: D NAME: HOLLIER, DUANE STREET ADDRESS: 312 N 2ND ST CITY-ST-ZIP: PALATKA, FL 32177	☒ Delete	TITLE: Vice President NAME: Chip Mahon STREET ADDRESS: 2911 Oak St CITY-ST-ZIP: Jacksonville FL 32205	☐ Change ☒ Addition
TITLE: D NAME: PINES, SARA STREET ADDRESS: 312 N 2ND ST CITY-ST-ZIP: PALATKA, FL 32177	☒ Delete	TITLE: Director NAME: Althea Hall STREET ADDRESS: 1 Coral Reef Court South CITY-ST-ZIP: Palm Coast, FL 32137	☐ Change ☒ Addition
TITLE: D NAME: COOPER, WILLARD STREET ADDRESS: 312 N 2ND ST CITY-ST-ZIP: PALATKA, FL 32177	☒ Delete	TITLE: Treasurer/Secretary NAME: Robert F. Marsh, Jr STREET ADDRESS: 2462 C.H. Arnold CITY-ST-ZIP: St. Augustine, FL 32092	☒ Change ☐ Addition
TITLE: D NAME: DABNEY, DEAN STREET ADDRESS: 312 N 2ND ST CITY-ST-ZIP: PALATKA, FL 32177	☒ Delete	TITLE: Director NAME: Rev. Canon Burt Froehlich STREET ADDRESS: 4437 Bean St CITY-ST-ZIP: Amelia Island FL 32034	☐ Change ☒ Addition
TITLE: DVP NAME: BOYLES, STEPHEN STREET ADDRESS: 312 N. 2ND ST. CITY-ST-ZIP: PALATKA, FL 32177	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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08/09/05--01057--004 **52.50
08/09/05--01057--005 **8.75

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: [signature] 12/13/2004 386-446-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #