# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000782

1. Entity Name
BLESS GOD MINISTRIES, INC.

FILED
08 JUL 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

07122008 REIN-NP CR2E099 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 1857 BAY GROVE RD.<br>FREEPORT, FL 32439 | 1857 BAY GROVE RD.<br>FREEPORT, FL 32439 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 102 Mohegan Rd<br>Suite, Apt. #, etc. | 102 Mohegan Rd<br>Suite, Apt. #, etc. |
| City & State: St. Augustine FL | City & State: St. Augustine FL |
| Zip: 32086 / Country: USA | Zip: 32086 / Country: USA |

4. FEI Number 59-3696985 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GREEN, PAUL M<br>1857 BAY GROVE RD.<br>FREEPORT, FL 32439 | Name: Green, Paul M.<br>Street Address (P.O. Box Number is Not Acceptable): 102 Mohegan Rd<br>City: St. Augustine FL Zip Code: 32086 |

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: Paul M. Green Director — Paul M Green — 600133268345 07/22/08--01014--010 **131.25

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $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: D<br>NAME: GREEN, PAUL M<br>STREET ADDRESS: 1857 BAY GROVE RD.<br>CITY-ST-ZIP: FREEPORT, FL 32439<br>☐ Delete | TITLE: D<br>NAME: Green, Paul M.<br>STREET ADDRESS: 102 Mohegan Rd<br>CITY-ST-ZIP: St. Augustine FL 32086<br>☒ Change ☐ Addition |
| TITLE: D<br>NAME: GREEN, MICHELE G<br>STREET ADDRESS: 1857 BAY GROVE RD.<br>CITY-ST-ZIP: FREEPORT, FL 32439<br>☐ Delete | TITLE: D<br>NAME: Green, Paul M.<br>STREET ADDRESS: 102 Mohegan Rd<br>CITY-ST-ZIP: St. Augustine, FL 32086<br>☒ Change ☐ Addition |
| TITLE: D<br>NAME: ANDERSON, MATTHEW<br>STREET ADDRESS: 53 MANDY CIR<br>CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459<br>☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Paul M Green — Paul M. Green — 7-14-08 — 9047945877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #