2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001528

Entity Name: ALABASTER JAR MINISTRIES, INC.

FILED Sep 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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492 SADDELL BAY LOOP 902 GROVESMERE LOOP OCOEE, FL 34761 OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

2582 S. MAGUIRE ROAD, #332 OCOEE, FL 34761

FEI Number: 31-1778405 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:

BRADY, AMY J BRADY, AMY J

492 SADDELL BAY LOOP 902 GROVESMERE LOOP OCOEE, FL 34761 OCOEE, FL 34761

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: AMY BRADY 09/21/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BRADY, AMY J BRADY, AMY J Name: Name:

Address: 492 SADDELL BAY LOOP Address: 902 GROVESMERE LOOP City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

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

Name: BRADY, JOHN Name: BRADY, JOHN Address: 492 SADDELL BAY LOOP Address: 902 GROVESMERE LOOP

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: (X) Change () Addition PRUITT, BARBARA A

Name: SCOTT, SHARON Name: 526 SADDELL BAY LOOP 11007 GROVESHIRE COURT Address: Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: () Change () Addition RITCHIE, HOWARD T Name: Name: Address: 14137 EDEN ISLE BLVD Address: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: TODD RITCHIE **CFO** 09/21/2006