2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005401

Entity Name: CHRIS MUSGROVE MINISTRIES, INC.

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7219 137TH ROAD 1306 EDGEWOOD DR LIVE OAK, FL 32060 VALDOSTA, GA 31601 **Current Mailing Address: New Mailing Address:** PO BOX 2980 PO BOX 567 LIVE OAK, FL 32064 VALDOSTA, GA 31604 FEI Number: 59-3760724 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: MUSGROVE, CHRIS MUSGROVE, CHRIS 7219 137TH RD. 2010 N. SHERWOOD DR. LIVE OAK, FL 32060 US VALDOSTA, FL 31602 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: CHRIS MUSGROVE 07/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRIFFIN, RUSTY Name: Name: 3821 SKIPPER BRIDGE ROAD Address: Address: City-St-Zip: VALDOSTA, GA 31601 City-St-Zip: Title: Title: () Delete () Change () Addition DEAN, LARRY Name: Name: Address: 720 GILHARBIN INDUSTRIAL BLVD. Address: City-St-Zip: VALDOSTA, GA 31601 City-St-Zip: Title: () Delete Title: () Change () Addition HOULIHAN, JOHN Name: Name: 87 CHAPEL DRIVE, APT. 1 Address: Address: City-St-Zip: LAKE JUNALUSKA, NC 28745 City-St-Zip: () Delete Title: Title: (X) Change () Addition MUSGROVE, CHRIS Name: Name: MUSGROVE, CHRIS 2010 N. SHERWOOD DR. Address: 7219 137TH RD Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: VALDOSTA, GA 31602 Title: () Delete Title: (X) Change () Addition MUSGOVER, TERRI MUSGOVER, TERRI Name: Name: 7219 137TH RD 2010 N. SHERWOOD DR. Address: Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: VALDOSTA, GA 31602 Title: () Delete Title: () Change () Addition SKIERSKI, QUINN Name: Name: Address: 1525 N. OHIO AVE Address: LIVE OAK, FL 32060 City-St-Zip: City-St-Zip:

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: CHRIS MUSGROVE DIR 07/03/2007