2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005935

Entity Name: C.E. GRAHAM MINISTRIES, INC.

FILED Nov 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

320 N LINCOLN AVE P.O.BOX 20

DAYTONA BEACH, FL 32114 WHITE SPRINGS, FL 32096 02

Current Mailing Address: New Mailing Address:

320 N LINCOLN AVE P.O.BOX 207

DAYTONA BEACH, FL 32114 WHITE SPRINGS, FL 32096

FEI Number: 59-3737624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAHAM, CHARLES E GRAHAM, CHARLES E 320 N LINCOLN A E 10515 FIRST ST.

DAYTONA BEACH, FL 32114 US WHITE SPRINGS, FL 32096 US

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: CHARLES E. GRAHAM 11/22/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: REV. (X) Change () Addition

 Name:
 GRAHAM, CHARLES E
 Name:
 GRAHAM, CHARLES E

 Address:
 520 N LINCOLN ST
 Address:
 10515 FIRST ST

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: WHITE SPRINGS, FL 32096

Title: DS () Delete Title: DR. (X) Change () Addition Name: GRAHAM, ERINNE A Name: GRAHAM, ERINNE A

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

Name: GRAHAM, CHARVIN E Name: GRAHAM, CHARVIN E

Address: PO BOX 207 Address: PO BOX 207

City-St-Zip: WHITE SPRINGS, FL 32096 City-St-Zip: WHITE SPRINGS, FL 32096

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES E. GRAHAM REV 11/22/2005