2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# N01000008866

Entity Name: BLUESKY MINISTRIES, INC.

Current Principal Place of Business:

934 N MAGNOLIA AVENUE
#302
ORLANDO, FL 32803

New Principal Place of Business:

3815 SILVER STAR RD
200
ORLANDO, FL 32808

Current Mailing Address:

934 N MAGNOLIA AVENUE
#302
ORLANDO, FL 32803

New Mailing Address:

3815 SILVER STAR RD
200
ORLANDO, FL 32808

FEI Number: 06-1636880 **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:

TREMAIN, MICHAEL E
1011 PARK LAKE STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PSTC	( ) Delete
Name:	TREMAIN, MICHAEL E	
Address:	1011 PARK LAKE STREET	
City-St-Zip:	ORLANDO, FL 32803	
Title:	ED	( ) Delete
Name:	OWENS, WILLIAM D IV	
Address:	61 LAKE FORREST LANE	
City-St-Zip:	ATLANTA, GA 30342	
Title:	D	( ) Delete
Name:	DAVIES, OWENS W	
Address:	61 LAKE FORREST LANE	
City-St-Zip:	ATLANTA, GA 30342	
Title:	D	( ) Delete
Name:	SHELTER, BOB DR	
Address:	106 EAST CHURCH ST	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	BARBER, DON REV	
Address:	3434 ROSWELL RD NW	
City-St-Zip:	ATLANTA, GA 30305	
Title:	D	( ) Delete
Name:	MCCARTHY, KEVIN	
Address:	PO BOX 1568	
City-St-Zip:	WINTER PARK, FL 327901568	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHAEL E TREMAIN PSTC 10/21/2004

Electronic Signature of Signing Officer or Director — Date