


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000008872	
1. Entity Name LIBERTY COUNTY MINISTERIAL ASSOCIATION, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 9:44

Principal Place of Business 12853 MYERS ANN ST. BRISTOL, FL 32321	Mailing Address P. O. BOX 1018 BRISTOL, FL 32321
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2. Principal Place of Business 10922 NW SR 20 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1018 Suite, Apt. #, etc.
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City & State Bristol, FL	City & State Bristol, FL	4. FEI Number 59-3761029	Applied For Not Applicable
Zip 32321	Country USA	Zip 32321	Country USA

11112004 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent HILL, JEANNE 12853 MYERS ANN ST. BRISTOL, FL 32321	7. Name and Address of New Registered Agent Name WALSH, Victor A. Street Address (P.O. Box Number is Not Acceptable) 10922 NW SR 20 City Bristol FL Zip Code 32321
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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 Victor A. Walsh Victor A. Walsh President 11/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, JEANNE P.O. BOX 219 BRISTOL, FL 32321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, Victor A. 10922 NW SR 20 Bristol, FL 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, DAVE P. O. BOX 476 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042752057 11/15/04--01065--008 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LES P. O. BOX 426 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, TERRY P. O. BOX 14 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIERS, JED P. O. BOX 552 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Victor A. Walsh Victor A. Walsh President 11/12/04 850-643-5400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

11/23/04