

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001151

FILED
Oct 22, 2006
Secretary of State

Entity Name: JP EXPRESSION MINISTRIES, INC.

Current Principal Place of Business:

435 CLARK RD., SUITE 405
JACKSONVILLE, FL 32218

New Principal Place of Business:

435 CLARK RD., SUITE 401
JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 41043
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 60-0000741 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

PARKER-TRICE, JUANITA
435 CLARK RD., SUITE 405
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

PARKER-TRICE, JUANITA
435 CLARK RD., SUITE 401
JACKSONVILLE, FL 32218 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: JUANITA PARKER TRICE

10/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDUFFIE, KATHY
Address: 2635 PHLOX STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: AUSTIN, CASSANDRA
Address: 1731 WEST 15TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: HERRING, ROBERT E SR.
Address: 1620 HELENA ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: LEWIS, RANDOLPH B
Address: PO BOX 11675
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: D () Delete
Name: HARPER, LINDA
Address: 1615 BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: HARRIS, ALBERT
Address: 2261 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

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 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: JUANITA PARKER TRICE

CEO

10/22/2006

Electronic Signature of Signing Officer or Director

Date