2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006502

FILED Feb 05, 2005 Secretary of State

Entity Name: KEEPING IT REAL HELP! MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 6120 NORTHEAST 72ND CIRCLE WEST #16 OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** 6120 NORTHEAST 72ND CIRCLE WEST #16 OKEECHOBEE, FL 34972 FEI Number: 56-2284281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAZELL, MARIA T 6120 NORTHEAST 72ND CIRCLE WEST #16 OKEECHOBEE, FL 34972 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: MARIA BRAZELL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRAZELL, MARIA Name: Name: 6120 NORTHEAST 72ND CIRCLE WEST #16 Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: Title: (X) Change () Addition () Delete CONEY, BONNE REV Name: LLOYD, ERIC APOSTLE Name: Address: 7225 ELLIS ROAD Address: 319 VINEYARD DRIVE City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: () Change () Addition SIMMS, JUANITA D Name: Name: 387 EAST FRANKLIN STREET Address: Address: City-St-Zip: OVIEDO, FL 32762 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: ROLLE, MICHELLE Name: ROLLE, MICHELLE 6120 NORTHEAST 72ND CIRCLE WEST #16 515 ROCKPIT RD 8C Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: () Change () Addition RUDON, FLORENCE Name: Name: 2160 MAYFAIR WAY Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, THOMAS REV Name: Name: Address: 2000 WHITE SAND DRIVE Address: TITUSVILLE, FL 32780 City-St-Zip: 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: MARIA BRAZELL ED 02/05/2005