

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009788	
1. Entity Name FAMILY MINISTRIES OF ST. JOHN'S COUNTY, INC.	



Principal Place of Business 1949 A1A SOUTH ANASTASIA SQUARE ST. AUGUSTINE, FL 32080	Mailing Address 1949 A1A SOUTH ANASTASIA SQUARE ST. AUGUSTINE, FL 32080
--	--

2. Principal Place of Business 30 Hawaiian Blvd	3. Mailing Address 30 Hawaiian Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST Augustine, FL	City & State ST Augustine, FL
Zip 32080	Zip 32080
Country USA	Country USA



12252006 REIN-NP CR2E099 (11/05)

4. FEI Number 08-1665486	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LYNCH, BARBARA 1949 A1A SOUTH ANASTASIA SQUARE ST. AUGUSTINE, FL 32080	
--	--

7. Name and Address of New Registered Agent Name LYNCH, BARBARA Street Address (P.O. Box Number is Not Acceptable) 30 Hawaiian Blvd City ST Augustine FL Zip Code 32080	
--	--

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 <i>Barbara Lynch</i>	DATE 12/26/06

FILE NOW!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCHRAN, PHILIP 2790 CR 13-A, SOUTH ELKTON, FL 32033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD P Jeanne mollar 245 Wildwood DR #79 ST Augustine FL 32086 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COCHRAN, KATHY 2790 CR 13-A, SOUTH ELKTON, FL 32033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VP Ann Quense 30 Hawaiian Blvd ST Augustine FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, WINDY LYNN 100 MARSH ISLAND CIRCLE ST. AUGUSTINE, FL 32095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST T Tom Lynch 30 Hawaiian Blvd ST AUG FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANFORD, CAROLYN 587 SEQUOIA RD SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST S Edward mollar 245 Wildwood DR #79 ST AUG FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Lynch 30 Hawaiian Blvd ST AUG FL 32080 <input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: <i>Barbara Lynch, ex-officio Director</i>	DATE 12/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
--	------	-----------------

904-315-6244

12-00