

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001927

FILED  
Oct 11, 2005  
Secretary of State

Entity Name: STANLEY WILLIAMS MINISTRIES, INC.

## Current Principal Place of Business:

1822 EDGEWOOD DR.  
NAVARRE, FL 32566

## New Principal Place of Business:

## Current Mailing Address:

1822 EDGEWOOD DR.  
NAVARRE, FL 32566

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, STANLEY  
1822 EDGEWOOD DR.  
NAVARRE, FL 32566 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: STANLEY D. WILLIAMS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: STANLEY, WILLIAMS PRESIDE  
Address: 1822 EDGEWOOD DR.  
City-St-Zip: NAVARRE, FL 32566

Title: DR. ( ) Delete  
Name: BETHTINA, WILLIAMS Q VICE PR  
Address: 1822 EDGEWOOD DR.  
City-St-Zip: NAVARRE, FL 32566

Title: ELDE ( ) Delete  
Name: DAVID, WILLIAMS SECRET  
Address: 19 MCMILLAN ST.  
City-St-Zip: NAVARRE, FL 32566

Title: MRS. ( ) Delete  
Name: HENSON, WANDA TRESUR  
Address: 8209 RIVERSIDE LANDING WAY  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ELDE (X) Change ( ) Addition  
Name: DAVID, WILLIAMS SECRET  
Address: 212 EGAN DRIVE  
City-St-Zip: CRESTVIEW, FL 32526

Title: MRS. (X) Change ( ) Addition  
Name: VICKIE, WILLIAMS TRESUR  
Address: 2112 CASTELLAR  
City-St-Zip: NAVARRE, FL 32566

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: STANLEY D. WILLIAMS

PRES

10/11/2005

Electronic Signature of Signing Officer or Director

Date