

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003069

FILED  
Jun 02, 2006  
Secretary of State

Entity Name: HOPE FAMILY MINISTRIES, INC.

## Current Principal Place of Business:

737 HWY 98 EAST, SUITE 4  
DESTIN, FL 32541

## New Principal Place of Business:

26 YACHT CLUB DRIVE  
FT. WALTON BEACH, FL 32548

## Current Mailing Address:

737 HWY 98 EAST, SUITE 4  
DESTIN, FL 32541

## New Mailing Address:

235 NORTH CIRCLE  
FAIRHOPE, AL 36532

FEI Number: 30-0175082      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:

ABERCRMBIE, WELDON P DR.  
737 HWY 98 EAST, SUITE 4  
DESTIN, FL 32541      US

## Name and Address of New Registered Agent:

ABERCROMBIE, WELDON P  
235 NORTH CIRCLE  
FAIRHOPE, FL 36532      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: DR. WELDON P. ABERCROMBIE

06/02/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABERCROMBIE, W P DR  
Address: 737 HWY 98 E # 4  
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete  
Name: EDWARDS, BRUCE REV  
Address: 2505 HOWELL DR  
City-St-Zip: VENUS, TX 76084

Title: T ( ) Delete  
Name: OLIVER, TONY  
Address: 8510 STERLING DR  
City-St-Zip: MOBILE, AL 36645

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: ABERCROMBIE, WELDON P  
Address: 235 NORTH CIRCLE  
City-St-Zip: FAIRHOPE, FL 36532

Title: REV. (X) Change ( ) Addition  
Name: EDWARDS, BRUCE K  
Address: 2505 HOWELL DR  
City-St-Zip: VENUS, TX 76084

Title: MR. (X) Change ( ) Addition  
Name: OLIVER, TONY  
Address: 8510 STERLING DR  
City-St-Zip: MOBILE, AL 36645

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: WELDON P. ABERCROMBIE

DR.

06/02/2006

Electronic Signature of Signing Officer or Director

Date