

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 AUG 30 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172006 REIN-NP CR2E099 (11/05)

DOCUMENT # N03000008749 1. Entity Name TRUE BLOOD MINISTRIES INC.					
Principal Place of Business 5218 JERSEY AVE SOUTH GULFPORT, FL 33707			Mailing Address 5218 JERSEY AVE SOUTH GULFPORT, FL 33707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2466162	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, LILLIE 5218 JERSEY AVE SOUTH GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			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	P DANIELS, LILLIE 5218 JERSEY AVE SOUTH GULFPORT, FL 33707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100079379971 09/01/06--01037--003 **\$1.50	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REED, JERICO 5218 JERSEY AVE SOUTH GULFPORT, FL 33707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100079379971 09/01/06--01037--004 **\$1.50	
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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	
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>Lillie Daniels</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-23-06 <small>Date Daytime Phone #</small>		

To: Mrs Michelle Milligan

I Lillie Daniels

had mailed off my annual report paper

They mailed it back to me, and said

I didn't sign it, at the bottom, so I

sign it and returned it to the state

Division of Corporations. And mailed the

sixty-one dollars and twenty five cents.

But they said they never recieved it

~~but~~ I mailed it Back and I don't

know where it is, nor the money that

i mailed for 2005 Annual report, that

why I mailed the 2006 Annual report

for sixty-one dollars and fifty cents

I'm writing this asking for the fee

to be waived, Mrs Michelle Milligan

I didn't know that there was a pro-

blem with it.

I'm sending one-hundred and twenty-

three dollars, I'm Sorry Thank you.

Requesting a waiver for my reinstatement

fee.

8-22-06

Lillie Daniels