2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010398

Entity Name: FAITH IN CHRIST MINISTRIES, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4432 HORSESHOE PICK LN 311 EAST ROBERTSON STREET

VALRICO, FL 33594 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

4432 HORSESHOE PICK LN POST OFFICE BOX 1334 VALRICO, FL 33594 BRANDON, FL 33509

FEI Number: 58-2673117 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:

BROWN, CHRISTOPHER E 4432 HORSESHOE PICK LN VALRICO, FL 33594

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: CHRISTOPHER E BROWN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LUCKEY, THOMAS W BROWN, ROGER Name: Name: 13709 MCINTOSH RD Address: 4616 HORSESHOE PICK LANE Address:

THONOTOSASSA, FL 33592 VALRICO, FL 33594

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: PERDUE, REGINA F Name: BROWN, CYNTHIA E

Address: 1846 S RIDGE DR Address: 4616 HORSESHOE PICK LANE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: () Change () Addition

BROWN, JUDITH Name: Name: 4432 HORSESHOE PICK LN Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip:

() Delete Title: Title: () Change (X) Addition

CRAWFORD, CANDICE Name: Name: Address: Address: 2942 4TH AVENUE SOUTH City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33712

Title: () Delete Title: () Change (X) Addition

TURNER, NASHEA Name: Name:

1412 PLANTATION CIRCLE SUITE 912 Address: Address:

City-St-Zip: City-St-Zip: PLANT CITY, FL 33566

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: JUDITH BROWN D 03/28/2005