


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002291	
1. Entity Name HEART OF THE CITY MINISTRIES, INC.	

Principal Place of Business 8550 TOUCHTON ROAD E., #911 JACKSONVILLE, FL 32216	Mailing Address 8550 TOUCHTON ROAD E., #911 JACKSONVILLE, FL 32216
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2. Principal Place of Business 4496 Southside Blvd Suite, Apt. #, etc.	3. Mailing Address 4496 Southside Blvd. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32216	Zip 32216
County Duval	County Duval

6. Name and Address of Current Registered Agent PRIDE, DANIEL S 8550 TOUCHTON ROAD E., #911 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 413 South 2nd Street City Jacksonville Beach FL Zip Code 32250
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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 Daniel S. Pride Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
2/25/06 DATE

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRIDE, DANIEL S 8550 TOUCHTON ROAD E., #911 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP T, P 413 South 2nd Street Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRIDE, CINDY L 8550 TOUCHTON ROAD E., #911 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000067883270 03/15/06--01009--023 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP BROWN, KATHY 342 RALEIGH RD JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP T, V
TITLE NAME STREET ADDRESS CITY-ST-ZIP IRBY, GARY 31715 CYPRESS WAY LYNWOOD, WA 98036	TITLE NAME STREET ADDRESS CITY-ST-ZIP T, S/T Robert A. Culpepper Jr. 4496 Southside Blvd Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP Ar 3/10	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Robert A. Culpepper Jr. Signature and typed or printed name of signing officer or director
2/23/06 Date
904-642-1794 Daytime Phone #

FILED

06 MAR -7 AM 9:43

RECEIVED OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
02082006 REIN-NE CR2E099 (01/05)