

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002487

FILED  
Oct 04, 2006  
Secretary of State

**Entity Name:** UNITED MINISTRIES INTERNATIONAL INCORPORATED

**Current Principal Place of Business:**

894 SOUTH US-1  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 560535  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

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

JAMES, KING  
899 WANDERING PINE TRAIL  
ROCKLEDGE, FL 32955 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: KING JAMES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JAMES, KING  
Address: 899 WANDERING PINE TRAIL  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP ( ) Delete  
Name: SIMPSON, ROBERT M  
Address: 609 ORLEANDER STREET  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: ADM. ( ) Delete  
Name: JAMES, LORETTA E  
Address: 899 WANDERING PINE TRAIL  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: EXE ( ) Delete  
Name: BOYKINS, BRENDA L  
Address: 894 SOUTH US-1  
City-St-Zip: ROCKLEDGE, FL 32955 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: KING JAMES

P

10/04/2006

Electronic Signature of Signing Officer or Director

Date