2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005919

Entity Name: CBS MINISTRIES, INC

FILED Oct 10, 2005 Secretary of State

8159 ARLINGTON EXPRESSWAY 9000 REGENCY SQUARE BLVD N

SUITE 28 SUITE 210

JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

8159 ARLINGTON EXPRESSWAY 9000 REGENCY SQUARE

SUITE 28 SUITE 210

JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211

FEI Number: 20-1243126 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

GEISLER, CURT 12907 DEEP LAGOON PLACE EAST JACKSONVILLE,, FL 32246 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: CURT GEISLER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GEISLER, CURT
 Name:

 Address:
 12907 DEEP LAGOON PLACE EAST
 Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip:

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

 Name:
 TRAVIS, CHARLES
 Name:

 Address:
 11152 OAKRIDGE DR. SO
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: S/T () Delete Title: S/T (X) Change () Addition

Name: TRIMBLE, JIM Name: TRIMBLE, JAMES

Address: 8159 ARLINGTON EXPRESSWAY, STE 28 Address: 9000 REGENCY SQUARE BLVD N
City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211

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: JAMES TRIMBLE S/T 10/10/2005