

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Aug 18, 2008  
Secretary of State**

DOCUMENT# N04000006675

**Entity Name:** RUDOLPH MCKISSICK MINISTRIES, INC.

**Current Principal Place of Business:**

215 BETHEL BAPTIST STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

215 BETHEL BAPTIST STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-1343062      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOODE, BRYAN C III  
333 NORTH FIRST STREET  
SUITE 305  
JACKSONVILLE BEACH, FL 32250 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: BRYAN GOODE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: MCKISSICK, RUDOLPH  
Address: 215 BETHEL BAPTIST STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D            ( ) Delete  
Name: MCKISSICK, KIMBERLY  
Address: 215 BETHEL BAPTIST STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D            ( ) Delete  
Name: TISDALE, TIFFANY  
Address: 215 BETHEL BAPTIST STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D            ( ) Delete  
Name: CLARK, JACQUELINE  
Address: 215 BETHEL BAPTIST STREET  
City-St-Zip: JACKSONVILLE, FL 32202

**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: D            (X) Change ( ) Addition  
Name: BARBER, TIFFANI  
Address: 215 BETHEL BAPTIST STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: TIFFANY TISDALE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SECR

08/18/2008

\_\_\_\_\_  
Date