## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000007338

Entity Name: ROCK OF AGES MINISTRIES, INC.

FILED Dec 11, 2005 Secretary of State

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

P. O. BOX 948062 630 EMERALDA ROAD SUITE 107 MAITLAND, FL 32794 US 0RLANDO, FL 32808 US

Current Mailing Address: New Mailing Address:

P. O. BOX 948062 630 EMERALDA ROAD SUITE107 MAITLAND, FL 32794 US 0RLANDO, FL 32808 US

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

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

JOLLY, GLORIA J

4444 S. RIO GRANDE AVE.

850-C

ORLANDO, FL 32839 US

ALLEN, DAVID E

801 WEST COMSTOCK A

WINTER PARK, FL 32789 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: DAVID E. ALLEN 12/11/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ALLEN, DAVID E
 Name:
 ALLEN, DAVID E

 Address:
 P. O. BOX 948062
 Address:
 801 WEST COMSTOCK AVENUE

 City-St-Zip:
 MAITLAND, FL 32794 US
 City-St-Zip:
 WINTER PARK, FL 32789 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: JOLLY, GLORIA J Name: SCOTT, VANESSA

 Name:
 JOLLY, GLORIA J
 Name:
 SCOTT, VANESSA

 Address:
 4444 S. RIO GRANDE AVE. APT. 850-C
 Address:
 2229 MONTE CARLA TRAIL

Address: 4444 S. RIO GRANDE AVE. APT. 850-C Address: 2229 MONTE CARLA TRAIL City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32805

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

 Name:
 Name:
 EDWARDS,, ANTHONE J S/T

 Address:
 Address:
 2819 GREENFIELD AVENUE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32808

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: DAVID E. ALLEN P 12/11/2005