2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N040000			FILED		
CATHEDRAL OF FAITH MINISTRIES, INC.			7		
		· Sales	_ 06 M/	AY 19 PM 12: 02	
Principal Place of Business 333 N CENTER ST	I CENTER ST 333 N CENTER ST		SEUN	SEUNETARY OF STATE TALLAHASSEE, FLORIDA	
EUSTIS, FL 32726 EUSTIS, FL 32726			I ALLAMASSE, PLONIDA		
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			11082005 REIN-NP	CR2E080 (6/04) 05-06	
City & State City & State Eus 45 , F/a . City & State		<u> </u>	4. FEI Number 20-3435/7	Applied For Not Applicable	
Zip Country 32736 Lake	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	Name and Address of Current Registered Agent Name Name Name				
BUTLER, JOHN C			at Address (P.O. Box Number is Not Acceptable)		
333 N CENTER ST EUSTIS, FL 32726		- Grock Address	State Address (1.10. Box Address to the Acceptation)		
		City		FL Zip Code	
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 GUILD SIGNATURE Signature, typed or printed name of registered agent and in the ill applicable (NOTE: Registered Agent algorithms required when reinstating) DATE					
FILE NOWIII FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$122.50 comparation did not receive the prior notice. Florida Department of State					
After January 1, 2006, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P	Delete	TITLE		Channe C Addition	
NAME KELLY, HAROLD J STREET ADDRESS 36816 SANDY LANE		, name Street address	900075 05/31/060101	546463 4004 **122.50	
CITY-ST-ZIP GRAND ISLAND, FL 32735		CITY-S1-ZIP			
I TITLE V NAME KELLY, TREVA L	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS 36816 SANDY LANE: CITY-ST-ZIP GRAND ISLAND, FL 32735		STREET ADDRESS CFTY-ST-ZIP			
IIILE V	☐ Delete	IIILE		☐ Change ☐ Addition	
NAME HARDEN, BERNARD STREET ADDRESS 181 ABRAMS RD		NAME STREET ADDRESS	ı		
CITY-ST-ZIP EUSTIS, FL 32726		CITY-ST-ZIP	R124		
MILE D NAME SHELTON, GREGORY	Delete	TITLE NAME	[15]	Change Addition	
STREET ADDRESS 26 FOREST LANE CITY-ST-ZIP FUSTIS, FL 32726	Delete	STREET ADDRESS			
CITY-ST-ZIP EUSTIS, FL 32726	☐ Delete	CITY-ST-ZIP	<u></u>	☐ Change ☐ Addition	
NAME BUTLER, JOHN	_ 5	NAME		•	
STREET ADDRESS 333 N CENTER ST CITY-SI-ZIP EUSTIS, FL 32726		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	шт	· , , , ,	☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	2		
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the receivery 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: Signature and typed on Printiply June of Signature and Typed on Printiply August 11/22/05 Signature and Typed on Printiply August 11/22/05 Date Deputing Prints 8					
/ ************************************	V CO	PI ON DERECTOR		Daytime Phone #	