


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008518	
1. Entity Name CATHEDRAL OF FAITH MINISTRIES, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 4:04

Principal Place of Business 333 N CENTER ST EUSTIS, FL 32736	Mailing Address 333 N CENTER ST EUSTIS, FL 32736
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10032008 REIN-NP CR2E099 (1/07)

4. FEI Number 20-3435177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUTLER, JOHN C 333 N CENTER ST EUSTIS, FL 32726	7. Name and Address of New Registered Agent Name <u>Harold J Kelly</u> Street Address (P.O. Box Number is Not Acceptable) <u>36816 Sandy Lane</u> City <u>Grand Island</u> FL Zip Code <u>32735</u>
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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 <u>Harold J. Kelly, I</u>	DATE <u>10/3/08</u>
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FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, HAROLD J 36816 SANDY LANE GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700136891647 10/14/08--01005--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, TREVA L 36816 SANDY LANE GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDEN, BERNARD 181 ABRAMS RD EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, JOHN 333 N CENTER ST EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Harold J. Kelly, I</u>	DATE <u>10/3/08</u>	Daytime Phone #
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