

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

06 JAN 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010267

1. Entity Name
PERCELL SANDERS MINISTRIES, INC.



Principal Place of Business
1593 HELENA ST
JACKSONVILLE, FL 32208

Mailing Address
PO BOX 11375
JACKSONVILLE, FL 32259



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01182006 REIN-NP CR2E099 (11/05)

City & State

4. FEI Number
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANDERS, PERCELL SR
1593 HELENA ST
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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: Percell Sanders JAN 18, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, PERCELL SR		NAME		
STREET ADDRESS	1831 BRUSH HILL RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, LUGENE C		NAME	600065193206	
STREET ADDRESS	1831 BRUSH HILL RD		STREET ADDRESS	02/06/06--01013--019 **262.50	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, STEVEN G		NAME		
STREET ADDRESS	1560 DEMING DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 0500

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: Percell Sanders JAN 18, 2006 904 7437200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #