

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010424

Entity Name: P.U.R.E. MINISTRIES, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

9683 WYETH CT.
WELLINGTON, FL 33414

New Principal Place of Business:

15199 TEMPLE BLVD.
LOXAHATCHEE, FL 334704496 US

Current Mailing Address:

9683 WYETH CT.
WELLINGTON, FL 33414

New Mailing Address:

15199 TEMPLE BLVD.
LOXAHATCHEE, FL 334704496

FEI Number: 20-1866677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, TERRENCE N II
800 VILLAGE SQUARE CROSSING, SUITE 310
PALM BCH GARDENS, FL 33410 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: TERRENCE N. FREEMAN II

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCIEN, RON
Address: 9683 WYETH CT.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: LUCIEN, JILL
Address: 9683 WYETH CT.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FREEMAN, TERRENCE N II
Address: 800 VILLAGE SQUARE XING, SUITE 310
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: LUCIEN, RON
Address: 15199 TEMPLE BLVD.
City-St-Zip: LOXAHATCHEE, FL 334704496

Title: D (X) Change () Addition
Name: LUCIEN, JILL
Address: 15199 TEMPLE BLVD.
City-St-Zip: LOXAHATCHEE, FL 334704496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LOVELAND, JEFFREY
Address: 15518 79TH CT. N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Change (X) Addition
Name: LOVELAND, GLORIA
Address: 15518 79TH CT. N
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRENCE N. FREEMAN II

D

02/02/2006

Electronic Signature of Signing Officer or Director

Date