2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010508

3566 SW 180 WAY

PEMBROKE PINES, FL 33029

Address:

City-St-Zip:

Entity Name: GARDEN MINISTRIES, INC.

FILED Feb 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 975 SW BAY STATE RD 1481 SW BOUGAINVILLEA DRIVE PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** P.O. BOX 880566 975 SW BAY STATE RD PORT ST. LUCIE, FL 34988 PORT ST. LUCIE, FL 34988 FEI Number: 20-1852026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: BARRETO, SCOTT E REV 975 SW BAY STATE RD. PORT ST. LUCIE, FL 34953 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: REV SCOTT E BARRETO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARRETO, SCOTT E REV Name: Name: 975 SW BAY STATE RD Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARRETO, MICHELLE M Name: Address: 975 SW BAY STATE RD Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition GREEN, CHARLES H REV Name: Name: 2110 LAKE ADGER PARKWAY Address: Address: City-St-Zip: MILL SPRING, NC 28756 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GREEN, SYLVIA REV Name: Address: 2110 LAKE ADGE PARKWAY Address: City-St-Zip: MILL SPRING, NC 28756 City-St-Zip: Title: () Delete Title: () Change () Addition COCHRAN, WAYNE REV Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: REV SCOTT E BARRETO P 02/21/2009