## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000011570

FILED Mar 22, 2006 Secretary of State

Entity Name: STEPPING STONES CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

343 LEE STREET LA BELLE, FL 33935

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 3843 POST OFFICE BOX 2843 LABELLE, FL 33975 LABELLE, FL 33975

FEI Number: FEI Number Applied For (X) 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:

CROCKETT, ROCHARD F
343 LEE STREET
CROCKETT, RICHARD F
343 LEE STREET

LA BELLE, FL 33935 US LA BELLE, FL 33935 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: RICHARD F. CROCKETT 03/22/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CROCKETT, RICHARD F
 Name:
 CROCKETT, RICHARD F

 Address:
 343 LEE STREET (P.O. BOX 2843
 Address:
 343 LEE STREET

 City-St-Zip:
 LA BELLE, FL 33935
 City-St-Zip:
 LA BELLE, FL 33935

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NELSON, AUDRA J
 Name:

 Address:
 4074 RAINBOW CIRCLE
 Address:

 City-St-Zip:
 LA BELLE, FL 33935
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WOOD, RANDOLPH A
 Name:

 Address:
 17290 REWIS RD.
 Address:

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:

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: RICHARD F. CROCKETT PD 03/22/2006