2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006257

Entity Name: HURSTON MINISTRIES, INC.

FILED Oct 02, 2009 Secretary of State

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

111 SHIRLEY DR. GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

P.O. BOX 385

GULF BREEZE, FL 325620385

FEI Number: 20-3907164 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:

HURSTON, KAREN L HURSTON, KAREN L 109 SHIRLEY DR. 111 SHIRLEY DR.

GULF BREEZE, FL 32561 US GULF BREEZE, FL 32561 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: KAREN HURSTON 10/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 HURSTON, KAREN L REV.
 Name:
 HURSTON, KAREN L REV.

 Address:
 109 SHIRLEY DR.
 Address:
 111 SHIRLEY DR.

 City-St-Zip:
 GULF BREEZE, FL 32561
 City-St-Zip:
 GULF BREEZE, FL 32561

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

Name: LIPSCOMB, BUFORD REV. Name:
Address: 221 SOUTH BLUE ANGEL PARKWAY Address:

Address: 221 SOUTH BLUE ANGEL PARKWAY Address:
City-St-Zip: PENSACOLA, FL 32506 City-St-Zip:

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

 Name:
 GANLEY, ROBERT W REV.
 Name:

 Address:
 5270 PALE MOON DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:

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

 Name:
 FELDSCHAU, LOUIS R REV.
 Name:

 Address:
 2350 FOSLEY FAG
 Address:

 City-St-Zip:
 BEAUMONT, TX
 City-St-Zip:

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.

SIGNATURE: KAREN HURSTON PSD 10/02/2009