


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 15 AM 9:44

DOCUMENT # N05000009228	
1. Entity Name NEPTUNE MINISTRIES INC.	

Principal Place of Business 185 PONY TAIL PALM LANE NAPLES, FL 34114	Mailing Address 185 PONY TAIL PALM LANE NAPLES, FL 34114
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2. Principal Place of Business - No P.O. Box # 34 QUEEN PALM DR	3. Mailing Address P.O. Box 1061
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES, FL
Zip 34114	Zip 34106
Country USA	Country USA

10182007 REIN-NP CR2E099 (1/07)

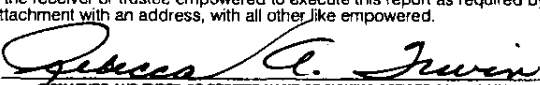
4. FEI Number 75-3200323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEPTUNE, DARLENE 185 PONY TAIL PALM LANE NAPLES, FL 34114	
7. Name and Address of New Registered Agent Name NEPTUNE, DARLENE Street Address (P.O. Box Number is Not Acceptable) 34 QUEEN PALM DRIVE City NAPLES FL Zip Code 34114	

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 11/17/2007 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEPTUNE, DARLENE 185 PONY TAIL PALM LANE NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEPTUNE, DARLENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 39 QUEEN PALM DRIVE NAPLES, FL 34114 PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IRWIN, REBECCA A 81 VINCENT LANE LAVERGNE, TN 37086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112457751 11/20/07--01029--002 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN ADAMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4641 THREE ISLAND RD WALLING, TN 38587 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 11/17/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/17/07 615-417-7276 Daytime Phone #