2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 30, 2006
Secretary of State

DOCUMENT# N05000010210

Entity Name: DISCIPLESHIP RESOURCE SUPPORT MINISTRIES, INC.

Current Principal Place of Business:

5504 LAPOINT DRIVE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5504 LAPOINT DRIVE
LAKELAND, FL 33809

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, BRUCE W
5504 LAPOINT DRIVE
LAKELAND, FL 33809 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: BRUCE W OLSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OLSON, BRUCE
Address: 5504 LAPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: OLSON, DUSTIN
Address: 5504 LAPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: P/T ( ) Delete
Name: OLSON, BRUCE
Address: 5504 LAPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: S ( ) Delete
Name: MORLEY, HEATHER
Address: 5504 LAPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: FLANAGAN, PATRICK
Address: P.O. BOX 975
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: BAILEY, MIKE
Address: 5504 LAPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: BRUCE W OLSON PRES 11/30/2006
Electronic Signature of Signing Officer or Director — Date