2008 NOT-FOR-PROFIT CORPORATION

Claid S. Carper Fin SIGNATURE AND TYPED OR PRINTED HAVE OF BICHMO OF PRINTED HAVE OF BICHMO OF PRINTED HAVE OF BICHMO OF DIRECTOR

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # N06000003884 1. Entity Name PERHAPS TODAY MINISTRIES, INC.					02-11-2008 90039 049 ****70.00				
Principal Place of Business Mailing Address 4670 BERRY RD HOLT, FL 32564 HOLT, FL 32564									
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	CHAN			g-NP	CR2E037 (1		
City & State (###		City & State			4. FEI Number 43-2103175			Applied For Not Applicable	
Zig	Country	Z45	Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
·	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Addr	ess of New R	egistered Agen		
CARPENTER, CECIL G JR. 4670 BERRY RD HOLT, FL 32564				Street Address (P.O. Box Number is Not Acceptable)					
			City		· · · · · · · · · · · · · · · · · · ·		FL ²	ip Code	e
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, lybed or printed name of registered gogsti and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE									
	\$5.00 May Be Added to Fees		ake check pay ida Departmer						
10.	OFFICERS AND I		11.	A	DDITIONS/CHANGE	S TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARPENTER, CECIL G JR. 4670 BERRY RD HOLT, FL 32564	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ц,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, MARY K 4670 BERRY RD HOLT, FL 32564	Delete ·	TITLE NAME STREET ADORESS CITY-ST-ZIP	CAR	15unta P&N14R, MA V 1342M 12D 17, FL 325	ng K.	Ø	Change	Addition
TITLE NAME	D GAY, JESSICA R	Delete	TITLE NAME	1)11.4	670K	<u> </u>		Change	Addition
STREET ADDRESS CITY-ST-ZIP	176 JULE RD APALACHICOLA, FL 32320		STREET ADDRESS CITY-ST-ZIP	116	S RHONDA MARTEN L DIT, FC 325	ANY 64		/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWSON, GLENDA 605 EAST SOUTHSIDE DR HOLT, FL 32564	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	54 CR DAM 605 HOLT	11, FC 325 ETAMY SON, GHAND. EAST SOUTH FC 32564	de Dre	鹼	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTON, RYAN 406 WEST MAIN STREET FESTUS, MO 63028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RICKY 302 TALLAHASSEE ST EASTPOINT, FL 32328	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GAY 50 API	YCTOR DANKY ITATHEOCK R ALACHICOLA FO	2d L 32320		Change	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.									