2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					Francisco (Constitution of Constitution of Con		
DOCUMENT # N06000004616]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E. I	
1. Entity Name GREATER BLESSINGS MINISTRIES, INC.				CO DEC - 1 PM 3: 31			
Principal Place of Business Maiting Address			955700	-	TALLAHASSEF.	FLORIUM	
		242 CARTERWOOD DRIVE TALLAHASSEE, FL 32310			Tally the same of and a		
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2333 Hansen Lane 2333 Hans			senlane				
		Suite, Apt. #, etc.			STATEME	NT 08	
Tallahassel, Florida Ta		Tallanassee	allanassee florida		OR	Applied For Not Applicable	
Zip 323	Country USA	32301	Country	5. Certificate of St	atus Desired \$8.75	Additional uired	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
CLARK, ALFRED W 2214 DEMERON RD			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32308							
			City		FL `	Code	
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 WOW TO DEWayne Harvey 11/30/08							
Signature, typed or printed regrisered agent and illid # applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s. 607.193(2)(b), corporation did not receive the prior), F.S., the r notice.	Make check payab Florida Department o		
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	3 IN 10	
TITLE NAME	PD HARVEY, DEWAYNE K	☐ Delete	TITLE NAME	1.00	Chan P⊐マシオオママロ1	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP	5250 17TH STREET, SUITE 101 SARASOTA, FL 34235		STREET ADORESS CITY-ST-ZIP	12/04/0	0138445751 801044002 **7	0.00	
TITLE NAME	VTD HARVEY, DONNA	☐ Delete	TITLE		☐ Chan	ge Addition	
STREET ADDRESS	5250 17TH STREET, SUITE 101		NAME STREET ADORESS				
CITY-ST-ZIP TITLE	SARASOTA, FL 34235	☐ Detete	CITY-ST-ZIP TITLE		☐ Chan	ge [] Addition	
NAME STREET ADDRESS	WILLIAMS, MONICA 286 CARTERWOOD DRIVE		NAME STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32310	☐ Delete	CITY-ST-ZIP TITLE	Λ	Chan	ge 🔲 Addition	
NAME STREET ADDRESS		_ build	NAME STREET ADDRESS	\mathscr{Q}_{ι}	W//	go Addition	
CITY-ST-ZIP			CITY-ST-ZIP	1	- · · · · · · · · · · · · · · · · · · ·		
NAME		☐ Delete	TITLE NAME		☐ Chan	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Chan	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 frue 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 optrustee employeed 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 principle and powered:							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone							