2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008263

City-St-Zip:

BOCA RATON, FL 33428

FILED Oct 15, 2007 Secretary of State

Entity Name: GULFSTREAM PRESBYTERY INC. **Current Principal Place of Business: New Principal Place of Business:** 22500 HAMMOCK STREET 217 AKRON AVENUE BOCA RATON, FL 33428 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 22500 HAMMOCK STREET 217 AKRON AVENUE BOCA RATON, FL 33428 STUART, FL 34994 FEI Number: 42-1695963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEOPLES, JOHN F JR BARTUSKA, PETER A 22500 HAMMOCK STREET 217 AKRON AVENUE BOCA RATON, FL 33428 STUART, FL 34994 US 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: PETER A. BARTUSKA 10/15/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH, DIRK Name: Name: 6678 HOLLANDAIRE DRIVE WEST Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: DOWNING, LYNN Name: Address: 110 HALF MOON CIRCLE #C1 Address: City-St-Zip: LANTANA, FL 33452 City-St-Zip: Title: () Delete Title: () Change () Addition HOEKSTRA, CHARLES Name: Name: Address: 714 SW 15TH ST Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: PEOPLES, JOHN F JR. Name: BARTUSKA, PETER A 10121 BROOKVILLE LANE Address: Address: 217 AKRON AVENUE

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.

City-St-Zip:

STUART, FL 34994

SIGNATURE: PETER A. BARTUSKA SD 10/15/2007