

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000009637

1. Entity Name
STREET GIDEON MINISTRIES INC.



Principal Place of Business
34551 ORCHID PARKWAY
RIDGE MANOR, FL 33523

Mailing Address
34551 ORCHID PARKWAY
RIDGE MANOR, FL 33523

2. Principal Place of Business - No P.O. Box #
200 E. Washington Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9
Suite, Apt. #, etc.

City & State
Minneapolis, FL

City & State
Dade City, FL

4. FEI Number
N/A

Applied For
☒ Not Applicable

Zip
34715

Country
USA

Zip
33526

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUASCUT, CARMELO
34551 ORCHID PARKWAY
RIDGE MANOR, FL 33523

7. Name and Address of New Registered Agent

Name
Whetro, Kerry
Street Address (P.O. Box Number is Not Acceptable)
1678 Ridgemoor Drive
City
Mascotte FL Zip Code
34753

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-27-08

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
CUASCUT, CARMELO
STREET ADDRESS
34551 ORCHID PARKWAY
CITY-ST-ZIP
RIDGE MANOR, FL 33523 ☐ Delete

TITLE
VSD
NAME
CUASCUT, MARSHA
STREET ADDRESS
34551 ORCHID PARKWAY
CITY-ST-ZIP
RIDGE MANOR, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PD
NAME
Cuascut, Carmelo
STREET ADDRESS
P.O. Box 9
CITY-ST-ZIP
Dade City, FL 33526 ☒ Change ☐ Addition

TITLE
VSD
NAME
Cuascut, Marsha
STREET ADDRESS
P.O. Box 9
CITY-ST-ZIP
Dade City, FL 33526 ☒ Change ☐ Addition

TITLE
D
NAME
Whetro, Kerry
STREET ADDRESS
1678 Ridgemoor Drive
CITY-ST-ZIP
Mascotte, FL 34753 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

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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:

Carmelo E. Cuascut

6/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #