

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009951

FILED
Dec 10, 2008
Secretary of State

Entity Name: BRIDGE TO LIFE MINISTRIES, INC.

Current Principal Place of Business:

20230 NW 4 AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20230 NW 4 AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 36-4594169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIAMI, FL 33025 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: KENNETH NEDD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARRINGTON, SELWYN DR.
Address: 20230 NW 4 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: STERLING, MILTON PASTOR
Address: 3920 LONG BRANCH LANE
City-St-Zip: APOPKA, FL 32712

Title: S/T () Delete
Name: THOMAS, JOAN
Address: 14280 BLUE GILL ROAD
City-St-Zip: MIRAMAR, FL 33027

Title: PR () Delete
Name: NEDD, KENNETH J
Address: 3106 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

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:

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.

SIGNATURE: SELWYN CARRINGTON

PRES

12/10/2008

Electronic Signature of Signing Officer or Director

Date