2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N07000010476

Entity Name: SHAUN CARTER MINISTRIES, INC.

Current Principal Place of Business:

1 SCENIC CENTRAL #101
LAKE WALES, FL 33853

New Principal Place of Business:

8297 CHAMPIONS GATE BLVD
320
CHAMPIONS GATE, FL 33896

Current Mailing Address:

PO BOX 189
LAKE WALES, FL 33853

New Mailing Address:

8297 CHAMPIONS GATE BLVD
320
CHAMPIONS GATE, FL 33896

FEI Number: 26-1416434 **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:

CARTER, LETRIONA S
1 SCENIC CENTRAL #101
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

CARTER, LETRIONA S
8297 CHAMPIONS GATE BLVD
320
CHAMPIONS GATE, FL 33859 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: LETRIONA S CARTER 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARTER, LETRIONA S. E
Address: PO BOX 189
City-St-Zip: LAKE WALES, FL 33853

Title: TRUS ( ) Delete
Name: CARTER, JR., GEORGE N
Address: PO BOX 189
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARTER, LETRIONA S. E
Address: 8297 CHAMPIONS GATE BLVD #320
City-St-Zip: CHAMPIONS GATE, FL 33859

Title: TRUS (X) Change ( ) Addition
Name: CARTER, JR., GEORGE N
Address: 8297 CHAMPIONS GATE BLVD #320
City-St-Zip: CHAMPIONS GATE, FL 33859

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: LETRIONA S CARTER PD 03/17/2009
Electronic Signature of Signing Officer or Director Date