2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N23057

Entity Name: UNITED MINISTRIES OF PENSACOLA, INC.

Current Principal Place of Business:

257-B E. LEE ST.
PENSACOLA, FL 32513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9255
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 59-2865996 **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:

GRIFFEN, PAT
2350 SEMORAN PLACE
PENSACOLA, FL 32503 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: PAT GRIFFIN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: TURNIPSEED, GENE
Address: 5600 TRAFALGAR DR
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: NATHAN, MARY
Address: 845 CHADWICK ST
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: NICKERSON, BETTY
Address: 1960 SEVILLE DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete
Name: GREG, BUSH
Address: 1750 N YATES
City-St-Zip: PENSACOLA, FL 32503

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: FAITH MORENO D 10/28/2008

Electronic Signature of Signing Officer or Director — Date