

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N48784

FILED
Oct 02, 2007
Secretary of State

Entity Name: SON-GLOW MINISTRIES, INCORPORATED

Current Principal Place of Business:

1405 TOWNSEND BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

6131 TERRY ROAD
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 8643
JACKSONVILLE, FL 32239

New Mailing Address:

5800 BEACH BLVD
203
JACKSONVILLE, FL 32207

FEI Number: 59-3123117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MAILLET, ELYETTE C
1405 TOWNSEND BLVD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

MAILLET, ELYETTE C
5800 BEACH BLVD
203
JACKSONVILLE, FL 32207 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: ELYETTE C MAILLET

10/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAILLET, ELYETTE C
Address: 1405 TOWNSEND BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: ANCELOT, CHRYSTELLE M
Address: 5800 BEACH BLVD STE 203-349
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST () Delete
Name: CRUZ, SANDRYNE J
Address: 510 BULLHOOK RD
City-St-Zip: HAVRE, MT 59501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAILLET, ELYETTE C
Address: 5800 BEACH BLVD #203
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRUZ, SANDRYNE J
Address: 510 BULLHOOK RD
City-St-Zip: HAVRE, MT 59501

Title: ST () Change (X) Addition
Name: SALAS, NORA
Address: C/ 10807 LOMA DE ALMA DRIVE
City-St-Zip: EL PASO, TX 79934

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: ELYETTE MAILLET

P

10/02/2007

Electronic Signature of Signing Officer or Director

Date