2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 29, 2009
Secretary of State

DOCUMENT# N94000000375

Entity Name: MONUMENT HOUSE OF FAITH, INC.

Current Principal Place of Business:

1509 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1509 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3225292 **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:

JACKSON, ARLETHIA M
3544 BROCKWAY ROAD
JACKSONVILLE, FL 322501518 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: ARLETHIA M. JACKSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACKSON, ARLETHIA
Address: 3544 BROCKWAY ROAD
City-St-Zip: JACKSONVILLE, FL 322501518

Title: STR ( ) Delete
Name: SELLERS, ALCINDA
Address: 307 9TH STREET SOUTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: TRBT ( ) Delete
Name: JACKSON, JOHN W
Address: 1544 BROCKWAY ROAD
City-St-Zip: JACKSONVILLE, FL 322501518

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:

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: ARLETHIA M. JACKSON PD 11/29/2009
Electronic Signature of Signing Officer or Director — Date