

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003310

FILED  
Sep 21, 2005  
Secretary of State

**Entity Name:** MISSION STREET MINISTRIES, INC.

**Current Principal Place of Business:**

29 EAST FIFTH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

29 EAST FIFTH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-3524349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUNTER, WILLIAM M  
29 EAST FIFTH STREET  
PANAMA CITY, FL 32401 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: WM. MICHAEL HUNTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUNTER, WILLIAM M  
Address: 29 EAST FIFTH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: GREGG, STEVEN  
Address: 1401 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: DTS (X) Delete  
Name: BREITMANN, STACEY  
Address: 1300 SOUTHERLAN ROAD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: BRYAN, MICHAEL  
Address: 906 JEREMY LANE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: HAWES, DAVID R  
Address: 209 HIDDEN PINES DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WM. MICHAEL HUNTER

DP

09/21/2005

Electronic Signature of Signing Officer or Director

Date