


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000003982		
1. Entity Name THE BRIDGE OF FAITH, INC.		

FILED

05 MAY -2 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02022005 REIN-NP CR2E099 (6/04)

Principal Place of Business 2100 DUNN AVE JACKSONVILLE, FL 32218	Mailing Address 2100 DUNN AVE JACKSONVILLE, FL 32218
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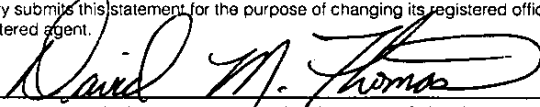
2. Principal Place of Business 2100 Dunn Ave Suite, Apt. #, etc.	3. Mailing Address 2100 Dunn Ave Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32218	Zip 32218
Country USA	Country USA

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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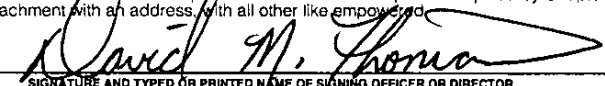
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, DAVID M DR 2100 DUNN AVE JACKSONVILLE, FL 32218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 4/25/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, DAVID M 3938 MUIRFIELD BLVD EAST JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500051232575 04/19/05--01057--011 **918.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RICHARD 2641 EAGLE BAY DRIVE JACKSONVILLE, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ELLIS 7173 RIDGEGLEN CT JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY HALL 2100 DUNN AVE JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY HALL 2100 DUNN AVE JACKSONVILLE FL 32218 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Frederick Pinckney 2100 DUNN AVE JACKSONVILLE FL 32218 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/21/05 Date Daytime Phone #

5/9/05