

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002497

FILED
Oct 19, 2007
Secretary of State

Entity Name: UNITED PEOPLE COUNSELING MINISTRY SERVICES, INC

Current Principal Place of Business:

10705 S.W. 216TH STREET UNIT D-219
GOULDS, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4183
HOMESTEAD, FL 33092 US

New Mailing Address:

FEI Number: 31-1652429 **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:

BAILEY, MAURA
10705 SW 216TH ST
UNIT D-219
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

CRAPPS, KAREN L
10705 SW 216TH ST
UNIT D-219
GOULDS, FL 33170 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: KAREN L. CRAPPS

10/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILEY, MAURA
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: GOULDS, FL 33170 US

Title: S () Delete
Name: BAILEY, TANIA
Address: 10705 S.W. 216 STREET UNIT D219
City-St-Zip: GOULDS, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AD (X) Change () Addition
Name: CRAPPS, KAREN L
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: GOULDS, FL 33170 US

Title: S (X) Change () Addition
Name: JAMES, TANIA
Address: 10705 S.W. 216 STREET UNIT D219
City-St-Zip: GOULDS, FL 33170

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: KAREN L. CRAPPS

AD

10/19/2007

Electronic Signature of Signing Officer or Director

Date