2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000074577

Entity Name: K & C MINISTRIES, INC.

FILED Oct 07, 2005 Secretary of State

Current Principal Place of Business:

200 WILLOW RD.
OCALA, FL 34472

Current Mailing Address:

New Mailing Address:

New Mailing Address:

FEI Number: 20-1110552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILSON, CECIL DR.
200 WILLOW RD.
OCALA, FL 34472 US

WILSON, CECIL DR.
200 WILLOW RD.
OCALA, FL 34472 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: DR. CECIL WILSON 10/07/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: WILSON, CECIL Name:

 Name
 Witson, Cecit
 Name

 Address:
 200 WILLOW RD.
 Address:

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:

 Title:
 VD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 WILSON, MARY
 Name:
 WILSON, MARY

Address: P. O. BOX 830103 Address: 200 WILLOW ROAD City-St-Zip: OCALA, FL 34472 City-St-Zip: OCALA, FL 34472

Title: STD () Delete Title: STD (X) Change () Addition Name: WILSON, KOURTNIE Name: WILSON, KOURTNIE

 Name:
 WILSON, KOURTNIE
 Name:
 WILSON, KOURTNIE

 Address:
 P. O. BOX 830103
 Address:
 200 WILLOW ROAD

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34472

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL WILSON PD 10/07/2005