

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007807

FILED
Nov 03, 2004
Secretary of State**Entity Name:** DAWN EZELLE MINISTRIES, INC.**Current Principal Place of Business:**5310 CORONADO PKWY
CAPE CORAL, FL 33904**New Principal Place of Business:**PO BOX 383
MADISON, OH 44057**Current Mailing Address:**5310 CORONADO PKWY
CAPE CORAL, FL 33904**New Mailing Address:**PO BOX 383
MADISON, OH 44057**FEI Number:** 65-1154992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:**EZELLE, DAWN
5310 CORONADO
CAPE CORAL, FL 33904 US**Name and Address of New Registered Agent:**A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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: PAUL SMITH V.P.

11/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: EZELLE, DAWN
Address: 5310 CORONADO PKWY
City-St-Zip: CAPE CORAL, FL 33904**Title:** D () Delete
Name: GANT, IRIS
Address: 5310 CORONADO PKWY
City-St-Zip: CAPE CORAL, FL 33904**Title:** D () Delete
Name: EZELLE, CHARLES
Address: 5310 CORONADO PKWY
City-St-Zip: CAPE CORAL, FL 33904**Title:** D (X) Delete
Name: WRIGHT, MARGORIE DR
Address: 2236 SW 2ND TERRACE
City-St-Zip: CAPE CORAL, FL 33904**Title:** D (X) Delete
Name: SARDI, PHYLLIS
Address: 1002 SE 31ST TERRACE
City-St-Zip: CAPE CORAL, FL 33904**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: EZELLE, DAWN
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057**Title:** D (X) Change () Addition
Name: WILEY, ROD
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057**Title:** D (X) Change () Addition
Name: WRIGHT, MARGORIE DR
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057**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: DAWN EZELLE

P

11/03/2004

Electronic Signature of Signing Officer or Director

Date