

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000517

FILED
Nov 15, 2004
Secretary of State**Entity Name:** ELIM MINISTRY INC.**Current Principal Place of Business:**1590 64TH DR SOUTH
WEST PALM BEACH, FL 33415**New Principal Place of Business:**4960 126TH DRIVE NORTH
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**1590 64TH DR SOUTH
WEST PALM BEACH, FL 33415**New Mailing Address:**4960 126TH DRIVE NORTH
ROYAL PALM BEACH, FL 33411**FEI Number:** 75-2998715 **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:**GARLAND, WILLIAM
1590 64TH DR SOUTH
WEST PALM BEACH, FL 33415 US**Name and Address of New Registered Agent:**GARLAND, WILLIAM
4960 126TH DRIVE NORTH
ROYAL PALM BEACH, FL 33411 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: WILLIAM GARLAND

11/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GARLAND, WILLIAM
Address: 1590 64TH DR SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** V () Delete
Name: GARLAND, DONNA
Address: 1590 64TH DR SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** D () Delete
Name: TOLSON, DEBORAH
Address: 1081 GRANDVIEW CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** D (X) Delete
Name: MURPHY, JOHNNETTA
Address: 1590 64TH DR SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** D (X) Delete
Name: MARTIN, SUSAN
Address: 2415 NE CLARISA ST
City-St-Zip: JENSEN BEACH, FL 34957**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: GARLAND, WILLIAM
Address: 4960 126TH DRIVE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** V (X) Change () Addition
Name: COLEMAN-RAMSAY, YVONNE J
Address: 406 WAYMAN CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413**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: WILLIAM GARLAND

P

11/15/2004

Electronic Signature of Signing Officer or Director

Date