

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002439

FILED
Oct 13, 2007
Secretary of State

Entity Name: ETERNAL LIFE CHRISTIAN MINISTRIES, INC

Current Principal Place of Business:

8025 N. PALAFOX
PENSACOLA, FL 32534

New Principal Place of Business:

DAYS INN, HWY 29
CHAPEL
PENSACOLA, FL 32534

Current Mailing Address:

P.O.BOX 255
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 30-0090031 **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:

BROOKS, ANGELA D
291-298 S CHIPPER RD
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: ANGELA D. BROOKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOULD, MICHAEL A
Address: 291 S CHIPPER RD
City-St-Zip: CANTONMENT, FL 32533 US

Title: D () Delete
Name: JOHNSON, AWOOD M JR
Address: 8263 GROVELAND AVE
City-St-Zip: PENSACOLA, FL 32534 US

Title: D () Delete
Name: HENDERSON, DIANNA
Address: 291 S CHIPPER RD
City-St-Zip: CANTONMENT, FL 32533 US

Title: D () Delete
Name: JOHNSON, CHASTITY V
Address: 8263 GROVELAND AVE
City-St-Zip: PENSACOLA, FL 32534 US

Title: D () Delete
Name: WHITE, NICHOL
Address: 297 S. CHIPPER RD
City-St-Zip: CANTONMENT, FL 32533 US

Title: D () Delete
Name: BROOKS, ZIEKEYA
Address: 1513 TWINPINES CIRCLE
City-St-Zip: CANTONMENT, FL 32533 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MICHAEL A. BROOKS, 3, RD
Address: 291 S CHIPPER RD
City-St-Zip: CANTONMENT, FL 32533 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOULD, REGINA
Address: 291 S. CHIPPER RD
City-St-Zip: CANTONMENT, FL 32533 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL A. BROOKS, 3RD

BISH

10/13/2007

Electronic Signature of Signing Officer or Director

Date