

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002949

FILED
Dec 10, 2009
Secretary of State

Entity Name: BREATH OF LIFE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

838 DESOTO ST.
CLERMONT, FL 34711

New Principal Place of Business:

838 DESOTO ST.
SUITE E
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 220
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 75-3102216 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:

MOORE-ELERBE, ACQUANETTA
838 DESOTO ST.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MOORE-ELERBE, ACQUANETTA P
838 DESOTO ST.
CLERMONT, FL 34711 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: ACQUANETTA MOORE-ELERBE

12/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE-ELERBE, ACQUANETTA
Address: 838 DESOTO ST.
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: ALSTON, DORIS
Address: 10 CAMBRIDGE COURT
City-St-Zip: MT. HOLLY, NJ 08060

Title: T () Delete
Name: ALLGOOD, GALE
Address: 4327 S. HIGHWAY 27, #143
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ACQUANETTA MOORE ELERBE

P

12/10/2009

Electronic Signature of Signing Officer or Director

Date