

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007458

FILED
Apr 13, 2009
Secretary of State

Entity Name: EZEKIEL MINISTRIES, INC.

Current Principal Place of Business:

310 S DILLARD ST
200
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

310 S DILLARD ST
200
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 36-4560276 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:

Name and Address of New Registered Agent:

BUCKLES, DAVID C
310 SOUTH DILLARD ST., SUITE 200
WINTER GARDEN, FL 34787 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: DAVID BUCKLES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: BUCKLES, DAVID C
Address: 967 GLENVIEW CIR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: BD () Delete
Name: YARBOROUGH, KEITH
Address: 441 AVALON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: BD () Delete
Name: HALTERMAN, GREG
Address: 1024 GLENSSPRING AVE.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BD (X) Change () Addition
Name: MAKIN, KENT
Address: 115 W. PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: BD (X) Change () Addition
Name: CLIMER, GLEN
Address: 526 FULLERS CROSS RD
City-St-Zip: WINTER GARDEN, FL 34787

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: DAVID BUCKLES

ED

04/13/2009

Electronic Signature of Signing Officer or Director

Date