

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003284

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: LIFE COACH MINISTRIES, INC.

## Current Principal Place of Business:

1509 CLAYTON ROAD  
CHIPLEY, FL 32428

## New Principal Place of Business:

## Current Mailing Address:

1509 CLAYTON ROAD  
CHIPLEY, FL 32428

## New Mailing Address:

1919 BRENTWOOD AVE  
B  
ALEXANDRIA, LA 71301

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

CAUDLE, JAMES  
1509 CLAYTON ROAD  
CHIPLEY, FL 32428 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: JAMES CAUDLE

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAUDLE, JAMES  
Address: 1509 CLAYTON ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: SHANK, JAMES  
Address: 2733 MUIR LANE  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: CAUDLE, JODI  
Address: 1509 CLAYTON ROAD  
City-St-Zip: CHIPLEY, FL 32428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: CAUDLE, CRISTIAN B  
Address: 1919 BRENTWOOD AVE  
City-St-Zip: ALEXANDRIA, LA 71301

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: JAMES CAUDLE

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date