## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000003505

FILED Mar 18, 2009 Secretary of State

Entity Name: EVERLASTING LIFE CHURCH FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

9803 CREEKFRONT ROAD 856 S. BLACK CHERRY DR JACKSONVILLE, FL 32208 ST. JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

9803 CREEKFRONT ROAD

JACKSONVILLE, FL 32208

856 S. BLACK CHERRY DR
ST. JOHNS, FL 32259

FEI Number: 20-4212894 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:

WILLIAMS, EVERLENA R

1800 EDGEWOOD AVE APT 125

JACKSONVILLE, FL 32208 US

ROBINSON, CHARNETTA

816 WATERBURG LANE

JACKSONVILLE, FL 32206 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: CHARNETTA ROBINSON 03/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTRU () Delete Title: PTRU (X) Change () Addition Name: LAUCHNER, CEDRIC PASTOR Name: LAUCHNER, CEDRIC PASTOR Address: 9803 CREEKFRONT ROAD Address: 856 S. BLACK CHERRY DR City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: ST. JOHNS, FL 32259

Title: () Delete Title: (X) Change ( ) Addition Name: LAUCHNER, CHARDEL TRUSTEE Name: LAUCHNER, CHARDEL TRUSTEE Address: 9803 CREEKFRONT ROAD Address: 856 S. BLACK CHERRY DR City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: ST. JOHNS, FL 32259

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: WILLIAMS, EVERLENA R TRUSTEE Name: ROBINSON, CHARNETTA TRUSTEE

Address: 1800 EDGEWOOD AVE APT 125 Address: 816 WATERBURG LANE City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32206

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: CEDRIC LAUCHNER PTRU 03/18/2009