

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008559

Entity Name: ELIJAH'S COAT, INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

2910 SW FOURTH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

3578 FOWLER STREET
FORT MYERS, FL 33901

Current Mailing Address:

2910 SW FOURTH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

3578 FOWLER STREET
FORT MYERS, FL 33901

FEI Number: 26-0815764 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:

CARLSON, REV. SHARYL
2910 SW FOURTH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CARLSON, REV. SHARYL
3578 FOWLER STREET
FORT MYERS, FL 33901 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: REV. SHARYL CARLSON

10/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EX.D () Delete
Name: CARLSON, REV. SHARYL
Address: 2910 SW FOURTH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: CARLSON, SHAWN
Address: 2910 SW FOURTH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: BULGERIN, DR. WAYNE
Address: 1754 CAPE CORAL PKWY E
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX.D (X) Change () Addition
Name: CARLSON, REV. SHARYL
Address: 3578 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: CARLSON, SHAWN
Address: 3578 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: BULGERIN, DR. WAYNE
Address: 3578 FOWLER
City-St-Zip: FORT MYERS, FL 33901

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: REV. SHARYL CARLSON

EX D

10/12/2009

Electronic Signature of Signing Officer or Director

Date