

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004201

FILED
Oct 02, 2009
Secretary of State

Entity Name: ESSENTIALS FOR GODLY LIVING, INC.

Current Principal Place of Business:

4870 ORLEANS COURT
APARTMENT A
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

4870 ORLEANS COURT
APARTMENT A
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

ASBERRY, HATTIE R
4870 ORLEANS COURT
APARTMENT A
WEST PALM BEACH, FL 33415 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: HATTIE R. ASBERRY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHM () Delete
Name: MONTGOMERY, CLIFTON JR.
Address: 1503 DALE CIRCLE
City-St-Zip: PLAINFIELD, IL 60586

Title: P () Delete
Name: ASBERRY, HATTIE R
Address: 4870-A ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP () Delete
Name: ASBERRY, REGINALD B
Address: 4870-A ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SEC () Delete
Name: ASBERRY, JASMYNE D
Address: 4870-A ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ASBERRY, HATTIE R PRES
Address: 4870-A ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP (X) Change () Addition
Name: ASBERRY, REGINALD B VP
Address: 4870-A ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: CHRM (X) Change () Addition
Name: MONTGOMERY, CLIFTON CHRM
Address: 1503 DALE CIRCLE
City-St-Zip: PLAINFIELD, IL 60586

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

Title: TRES () Change (X) Addition
Name: DUVAL, HATTIE M TRESURE
Address: 4401 LAKE LUCERNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

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: HATTIE R. ASBERRY

PRES

10/02/2009

Electronic Signature of Signing Officer or Director

Date