

2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

15 OCT -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11000010517

1. Entity Name
THE ELECT LADY INTERNATIONAL MISSIONAL CHURCH
MINISTRIES, INC.



Principal Place of Business
3491 TORRINGTON WAY
TALLAHASSEE, FL 32317

Mailing Address
3491 TORRINGTON WAY
TALLAHASSEE, FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092015 REIN-NP

CR2E099 (12/11)

4. FEI Number
90-0774190

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ZELLENE W
3491 TORRINGTON WAY
TALLAHASSEE, FL 32317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Zellene W. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2016, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDF
SMITH, ZELLENE W
3491 TORRINGTON WAY
TALLAHASSEE, FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chancellor, DEAN
SALEEM AHMAD
3491 Torrington Way
Tallahassee, FL 32317 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, STERLING
5035 SO HAMPTON RIDGE AVE
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, DEWEY III
2 CHRISTOPHER CT
DURHAM, NC 27704 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300277937983
10/09/15--01004--013 **245.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, VICTORIA A
5035 SO HAMPTON RIDGE AV
TALLAHASSEE, FL 32317 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, STERLING B JR
5035 SO HAMPTON RIDGE AV
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, HALLE C
2 CHRISTOPHER CT
DURHAM, NC 27704 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zellene W. Smith*

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