

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N11000010517

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



16 OCT 31 PM 5:35

SEAL OF THE STATE OF FLORIDA

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 #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10312016 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
SMITH, ZELLENE W
3491 TORRINGTON WAY
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent
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 *Zelene W. Smith* (NOTE: Registered Agent signature required when reinstating) DATE 10-31-2016

FILE NOW!!! FEE IS \$236.25
After January 1, 2017, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDF SMITH, ZELLENE W 3491 TORRINGTON WAY TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, STERLING 5035 SO HAMPTON RIDGE AVE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, STERLING B JR 5035 SO HAMPTON RIDGE AV TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD AHMAD, SALEEM 3491 TORRINGTON WAY TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

RLK

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: *Zelene W. Smith* 10/31/16 World World Bible university @gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS

Bad data Email Notice see RV