

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N13000001400

Entity Name: ELECTA'S HOUSE, INC.

**FILED**  
**Nov 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1895 RIBAUT SCENIC DR  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1895 RIBAUT SCENIC DR  
JACKSONVILLE, FL 32208

**New Mailing Address:**

PO BOX 9315  
JACKSONVILLE, FL 32208

FEI Number: 46-1964937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS-WARD, KENDRA  
1895 RIBAUT SCENIC DR  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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: KENDRA THOMAS-WARD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: KENDRA THOMAS-WARD/DIRECTOR  
Address: PO BOX 9315  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MRS.  
Name: LADONNA GRAFTON/TREASURER  
Address: PO BOX 9315  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MS.  
Name: DOMINIQUE SAUNDERS/TREASURER  
Address: PO BOX 9315  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MS.  
Name: NIA BEYAH/SECRETARY  
Address: PO BOX 9315  
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby 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 all other like empowered.

SIGNATURE: KENDRA THOMAS-WARD

MRS.

11/02/2014

Electronic Signature of Signing Officer or Director

Date