

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49025

FILED
Oct 21, 2009
Secretary of State

Entity Name: EL ELYON MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1882 PINE RIDGE WAY WEST
BLDG 501, APT D-1
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

POB 6073
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 65-0363668 **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:

Name and Address of New Registered Agent:

COFFEY, MILDRED
1882 PINE RIDGE WAY W.
BLDG. 501, APT. D-1
PALM HARBOR, FL 34684 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: MILDRED COFFEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: COFFEY, MILDRED
Address: 1882 PINE RIDGE WAY W. APT D1
City-St-Zip: PALM HARBOR, FL 34684

Title: VSD () Delete
Name: DAVIS, JO ANN
Address: 1882 PINE RIDGE WAY W. APT D1
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: RISI, RICHARD
Address: 3301 NO. 72ND AV.
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JO ANN DAVIS

VSD

10/21/2009

Electronic Signature of Signing Officer or Director

Date