

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jul 20, 2014
Secretary of State**

DOCUMENT# N98000005111

Entity Name: EAGLE'S REST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

3640 NORTHSIDE CT.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2820
KEY WEST, FL 330452820

New Mailing Address:

3640 NORTHSIDE CT.
KEY WEST, FL 33040 US

FEI Number: 65-0861403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSTON, CRAIG R
3640 NORTHSIDE CT
KEY WEST, FL 33040 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: CRAIG R. MARSTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MARSTON, CRAIG R
Address: 3640 NORTHSIDE CT
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: ELLIOTT, CHARLES C
Address: 343 LES ROHDE DR.
City-St-Zip: RAMROD KEY, FL 33043

Title: D
Name: MARSTON, LINDA
Address: 3640 NORTHSIDE CT
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: ELLIOTT, WINIFRED
Address: 343 LES ROHDE DR.
City-St-Zip: RAMROD KEY, FL 33043

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: CRAIG R. MARSTON

RA

07/20/2014

Electronic Signature of Signing Officer or Director

Date