

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006115

FILED
Oct 06, 2007
Secretary of State

Entity Name: EMMANUEL CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business:

54 S. RIDGEWOOD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

54 S. RIDGEWOOD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3085686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS WARD, LILLIE DELORES
54 S. RIDGEWOOD
ORMOND BEACH, FL 32174 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: LILLIE DELORES SIMMONS WARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WARD, GEORGE SR
Address: 2 LEISURE WOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: SIMMONS WARD, LILLIE DELORES
Address: 2 LEISURE WOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: BLAKE, WELDON
Address: 1224 CONTINENTAL DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T () Delete
Name: JACKSON, DAISY
Address: 1073 HAMPTON ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: GENTLE, EDDIE
Address: 229 SO ADAM STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: HYACINTH, HAZEL
Address: 1329 PEACHTREE RD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SIMMONS WARD, LILLIE DELORES
Address: 2 LEISURE WOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

Title: T (X) Change () Addition
Name: RAMSEY, MATLIDA
Address: PO BOX 851
City-St-Zip: OCKLAWAHA, FL 32183

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: LILLIE DELORES SIMMONS WARD

P

10/06/2007

Electronic Signature of Signing Officer or Director

Date