2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # N06000006 H-DAY CHURCH OF PROPE			The state of the s		0191 040 **** <i>6</i>	51.25
Principal Place 8004 N.W. 19 #368 MIAMI, FL 33	54TH STREET	Mailing Address 8004 N.W. 154TH STREE #368 MIAMI, FL 33016 US			8835 		
2. Principal Pl		3. Mailing Address 17495 NE Suite, Apt. #, etc.	6 AVE		···		
N.	·				J-NP (R2E037 (12/06)	
	MIBEACH FL	;	BEACH	4. FEI Number 36-4590904		No	plied For t Applicable
3316	Country MIAMI DADE	33162	Country MIBMIDAD	5. Certificate of Sta	us Desired	S8.75 Add Fee Required	
<u> </u>	6. Name and Address of Current F			7. Name and Addre	ss of New Regi	stered Agent	
CLARKE, C	CECIL		Name				
13025 NE : MIAMI, FL	3RD AVENUE		Street Addres	ss (P.O. Box Number is N	ot Acceptable)		
IVII/AIVII, 7 C	33101						
			City			FL Zip Code	€
	named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or both, in the	ne State of Florida	a. I am familiar with,	and accept
-	ions of registered agent.			1	1701	08	
SIGNATURE .	Signature, need of printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE	·
SIGNATURE .	Signature, band of printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Carry Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE check payable to Department of Si	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be	Florida	Department of SI	tate
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10. TITLE NAME STREET ADDRESS	FINING Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR P CLARKE, CECIL 13025 N.E. 3RD AVENUE	9. Election Camp Trust Fund Co	paign Financing partibution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida	Department of SI	tate 10 Addition Addition
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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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-891-6339 Daytime Phone #