

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009664

Entity Name: PENIEL MISSIONARY INC.

FILED
Oct 14, 2008
Secretary of State

Current Principal Place of Business:

1500 TIFFANY CLUB PLACE
1577
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

PO BOX 853
PORT SALERNO,, FL 34992 US

New Principal Place of Business:

3550 NW TREASURE COAST DR
207
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 20-8234247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LAMADRID, ALEX
8320 W. SUNRISE BLVD
202A
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

AUGUSTIN, NELLIE
3550 NW TREASURE COAST DR
207
JENSEN BEACH, FL 34957 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: NELLEI AUGUSTINE

10/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUGUSTIN, NELLIE
Address: 1500 TEFFANY CLUB PLACE, APT 1577
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Delete
Name: ADHEMAR, JOHN KERBY
Address: 1500 TIFFANY CLUB PLACE, APT. 1577
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SD () Delete
Name: LAMBERT, CLEOMIE
Address: 8681 NW 29 ST.
City-St-Zip: LAUDERDALE LAKES, FL 34952 US

Title: D () Delete
Name: FENELUS, JESSICA
Address: 1732 SE LOREN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: AUGUSTIN, AMELIE
Address: D1500 TIFFANY CLUB PLACE - APT 1577
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AUGUSTIN, NELLIE
Address: 3550 NW TREASURE COAST DR #207
City-St-Zip: JENSEN BEACH, FL 34957 US

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: () 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: NELLIE AUGUSTINE

PD

10/14/2008

Electronic Signature of Signing Officer or Director

Date