

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002814

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

**Entity Name:** CHURCH OF THE LIVING GOD OF THE PENTECOST INC.

**Current Principal Place of Business:**

6207 PLAINS DR  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

6207 PLAINS DR  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOCELYN, ALFRED  
6207 PLAINS DR  
LAKE WORTH, FL 33463    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: JOCELYN ALFRED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALFRED, JOCELYN  
Address: 6207 PLAINS DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: P  
Name: ALFRED, ZULMA  
Address: 6207 PLAINS DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: VP  
Name: ANNULYSSE, JEAN  
Address: 1541 ALINE CT.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: S  
Name: ANNULYSSE, STALONNE  
Address: 1541 ALINE CT.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: S  
Name: MARILUS, NEPTUNE  
Address: 6081 WAYCONDA E.  
City-St-Zip: LAKE WORTH, FL 33463

Title: T  
Name: ETIENNE, YVONNE  
Address: 6107 PLAINS DR.  
City-St-Zip: LAKE WORTH, FL 33463

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: JOCELYN ALFRED

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

12/01/2010

\_\_\_\_\_  
Date