

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001341

FILED
Sep 30, 2007
Secretary of State

Entity Name: EL BETHEL MISSIONARY CORP.

Current Principal Place of Business:

3681 NW 29 STREET
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

3681 NW 29 STREET
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 65-0909506 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:

LAMBERT, CLEOMIE
3681 NW 29 STREET
LAUDERDALE LAKES, FL 33311 US

Name and Address of New Registered Agent:

LAMBERT, CLEOMIE DP
3681 NW 29 STREET
LAUDERDALE LAKES, FL 33311 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: CLEOMIE LAMBERT

09/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAMBERT, CLEOMIE PASTOR
Address: 3681 NW 29 ST.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VP () Delete
Name: MYRLINE, CALIE
Address: P.O. BOX 490241
City-St-Zip: FT LAUDERDALE, FL

Title: S () Delete
Name: DELICEY, SHERLIE
Address: 3467 NW 37 ST
City-St-Zip: LAUD LAKES, FL 33309

Title: T () Delete
Name: ISMA, GENELIA
Address: 4230 NE 4 TERR
City-St-Zip: POMPANO, FL 33064

Title: AV () Delete
Name: CONSTANT, CARL
Address: 6911 SW 8 STREET
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LUNIE, JOSEPH
Address: 3501 NW 33 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

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: CLEOMIE LAMBERT

DP

09/30/2007

Electronic Signature of Signing Officer or Director

Date