| Address | 77 KENILWORTH PL. | Address | 2452 BRAGG STREET |
|-----------------|----------------------------|-----------------|-------------------|
| City-State-Zip: | BROOKLYN NY 11210 | City-State-Zip: | BROOKLYN NY 11235 |
| | | | |
| Title | D/VP | Title | S |
| Name | LOUIS, SANDRA JEAN | Name | ULYSSE, JOCELAINE |
| Address | 21352 SW 112 AVE., APT 108 | Address | 21 CORTELYOU RD. |
| City-State-Zip: | CUTLERBAY FL 33189 | City-State-Zip: | BROOKLYN NY 11226 |
| | | | |
| | | | |
| | | | |

Title

Name

D/T

SYLVESTRE SION, JEAN

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: SANDRA JEAN LOUIS 06/28/2020

| U | |
|-----------------------|--|
| 1463 FLATBUSH AVE. | |
| BROOKLYN, NY 11210 US | |

Electronic Signature of Registered Agent

2020 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: OPEN EYE THEOLOGICAL TRAINING CENTER INC.

FEI Number: 46-5522909

Current Mailing Address:

DOCUMENT# F14000002817

1463 FLATBUSH AVE. BROOKLYN, NY 11210

Current Principal Place of Business:

Name and Address of Current Registered Agent:

LOUIS, SANDRA JEAN 21352 SW 112 AVE. APT 108 CUTLERBAY, FL 33189 US

Officer/Director Detail :

C/P

DAMIS. PIERRE

Title

Name

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: PIERRE DAMIS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

06/28/2020 Date

Date

PRESIDENT