2006 NOT-FOR-PROFIT CORPORATION REINSTÄTEMENT

changed, or on an attachment with at

SIGNATURE:

Address

01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT #715469** SECRETARY OF STATE DIVISION OF CORPORATIONS EVANGELICAL CHURCH OF GOD IN CHRIST CRUSADE OF FLORIDA, INC. 06 NOV 13 PM 2:38 Principal Place of Business Mailing Address TATEMENT 217 SOUTHEAST 1ST STREET P.O. BOX 1126 BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11072006 REIN-NP CR2E099 (11/05) City & State City & State Applied For 4. FEI Number 59-1788137 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POITIER, EARL C Street Address (P.O. Box Number is Not Acceptable) T 26 MANGO AVE BELLE GLADE, FL 33430 14+1 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2007, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition POITIER, EARL C NAME NAME 500081735306 STREET ADDRESS **T-26 MANGO AVENUE** STREET ADDRESS 11/13/06--01020--019 **30S.25 CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition HUGGINS, MARTHA NAME NAME STREET ADDRESS 145 SW 7 AVENUE STREET ADDRESS CITY-ST-ZIP SOUTHBAY, FL 33493 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition MOORE, MARY NAME NAME STREET ADDRESS 1325 SW AVE E STREET ADDRESS BELLE GLADE, FL 33430 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition CARSON, CLARA B NAME STREET ADDRESS 1201 SW AVENUE "C" STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE ☐ Change T(7) F Delete ☐ Addition POITIER, DOROTHY A NAME NAME STREET ADDRESS 26 MANGO AVE STREET ADDRESS BELLE GLADE, FL 33430 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DALEY, CLARA NAME NAME 1240 NW AVE "B" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP 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