

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722569

1. Entity Name
FLORIDA EAST COAST BAPTIST ASSOCIATION, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 2:50

Principal Place of Business
**2400 NW 68TH ST.
MIAMI, FL 33147 US**

Mailing Address
**2400 NW 68TH ST.
MIAMI, FL 33147 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08-09KS
0527109 REIN NT CR2E088 (2/07)

4. FEI Number
59-1695995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESTON, JR, CEPHUS C REV
12535 N.E. 1ST AVE.
NORTH MIAMI, FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRESTON, JR., CEPHUS C REV ☐ Delete
STREET ADDRESS 12535 N.E. 1ST AVENUE
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE
NAME 05/28/09--01006--023 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **297.50

TITLE SD
NAME JOHNSON, J C REV ☐ Delete
STREET ADDRESS 816 N.W. FIRST AVENUE
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME COLEMAN, C.E REV ☐ Delete
STREET ADDRESS 853 N.W. 74TH STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROUNDTREE, REV. DR. W.R. ☒ Delete
STREET ADDRESS 14421 N.W. 13TH ROAD
CITY-ST-ZIP MIAMI, FL 33167

TITLE D MITCHELL, Rev. Matthew ☒ Change ☐ Addition
NAME 125 SW 8 ST.
STREET ADDRESS DELRAY BCH, FLA 33444
CITY-ST-ZIP

TITLE D
NAME RAMSEY, WILLIAM DR ☐ Delete
STREET ADDRESS 1312 N.W. 29TH AVE.
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-22-09 (305) 688-7325