## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 733907** 

FILED Oct 24, 2004 Secretary of State

Entity Name: SAINT JOHN UNITED METHODIST CHURCH, INC. OF FORT LAUDERDALE

**Current Principal Place of Business: New Principal Place of Business:** 1520 NW 5TH STREET FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 1520 NW 5TH STREET FORT LAUDERDALE, FL 33311 FEI Number: 02-4860016 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: Name and Address of New Registered Agent: LEWIS, THELMA 2780 N.W. 25TH ST 1101 N.W. 43 TERR LAUDERHILL, FL 33313 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEWIS, THELMA Name: Name: Address: 1101 N.W. 43 TERR Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SAMS, JAMES Name: Address: 4331 N.W. 7 DR. Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition BATTLE, SAMUEL Name: Name: 3480 N.W. 6TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: WILLIAMS, RALPH JR Name: DICKEY, SHERYL 3299-5 NW 44 ST Address: 956 N.W. 17 AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33309 Title: () Delete Title: () Change () Addition VANS, OLIVIA Name: Name: 1306 N.W. 15 ST. Address: Address: FT. LAUDERDALE, FL 33311 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL BATTLE D 10/24/2004