

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 769405

FILED
Apr 22, 2012
Secretary of State

Entity Name: UNITED PENTECOSTAL CHURCH INC.

Current Principal Place of Business:

2104 NW 152ND TERRACE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

18050 NW 36TH AVENUE
OPA LOCKA, FL 33056

New Mailing Address:

18050 NW 36TH AVENUE
MIAMI GARDEN, FL 33056

FEI Number: 59-2469307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CHARLENE
18050 NW 36 AVE
OPA LOCKA, FL 33056 US

Name and Address of New Registered Agent:

HARRIS, CHARLENE
18050 NW 36 AVE
MIAMI GARDENS, FL 33056 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: SHARTONYA WILLIAMS

04/22/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HARRIS, CHARLENE
Address: 18050 NW 36 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D
Name: ANESTOR, BRUCELIA
Address: 5701 NW 4 AVE
City-St-Zip: MIAMI, FL 33127

Title: D
Name: FRANCOIS, VILIA
Address: 580 JANN AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: SD
Name: WILLIAMS, SHARTONYA SELENE
Address: 18050 N.W 36 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T
Name: FRANCOIS, ARAMI
Address: 8620 N. SHERMAN CIR.
City-St-Zip: HOLLYWOOD, FL 33025

Title: C
Name: FARMER, BEVERLY
Address: 5701 NW 4 AVE
City-St-Zip: MIAMI, FL 33127

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: CHARLENE HARRIS

PD

04/22/2012

Electronic Signature of Signing Officer or Director

Date