

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004387

FILED
Sep 17, 2007
Secretary of State

Entity Name: EVANGELICAL ASSEMBLY WORK OF THE GOOD SAMARITAN, INC.

Current Principal Place of Business:

15050 NE 20TH AVENUE
104
MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

13111 NW 21ST AVENUE
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-1022202 **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:

REGISTE, BEN REV.
13111 NW 21ST AVENUE
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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: BEN REGISTE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PMD () Delete
Name: REGISTE, BEN REV.
Address: 13111 NW 21ST AVENUE
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: TOUSSAINT, SONY
Address: 252 NW SOUTH BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: AUGUSTIN, EVELYN
Address: 20910 NE 8TH CT #201
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: REGISTE, MARIE DENISE
Address: 13111 NW 21ST AVENUE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: BERTRAND, LESLY
Address: 11650 NW 10TH AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BEN REGISTE

Electronic Signature of Signing Officer or Director

PMD

09/17/2007

Date