

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008136

FILED
Jan 17, 2009
Secretary of State

Entity Name: LION OF JUDAH COVENANT MINISTRY, INC.

Current Principal Place of Business:

1500 NW 4TH ST.
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1500 NW 4TH ST.
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1110504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, KAREN A
1500 NW 4TH ST.
BOCA RATON, FL 33486 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: REV. KAREN A. HUTCHINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: HUTCHINSON, KAREN REV
Address: 1500 NW 4TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: O () Delete
Name: BAUSERMAN, KRISTINE
Address: 1500 NW 4TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: ERBELDING, JOHN
Address: 8162 NW 2ND MANOR
City-St-Zip: CORAL SPRINGS, FL 33031

Title: O () Delete
Name: JIMENEZ, MARC
Address: 2758 W ATLANTIC BLVD STE 1
City-St-Zip: POMAPANO BEACH, FL 33069

Title: D () Delete
Name: ZIEMS, FREDERICK
Address: 488 KINGSBRIDGE STREET
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BAUSERMAN, JAMES S
Address: 1500 NW 4TH STREET
City-St-Zip: BOCA RATON, FL 33486

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
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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: REV. KAREN A. HUTCHINSON

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date