

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000002300

FILED
Oct 13, 2009
Secretary of State

Entity Name: SALEM CHURCH OF GOD, INC.

Current Principal Place of Business:

4461 SOUTH 25TH STREET
2ND BUILDING
PORT ST. LUCIE, FL 34981

New Principal Place of Business:

Current Mailing Address:

4461 SOUTH 25TH STREET
2ND BUILDING
PORT ST. LUCIE, FL 34981

New Mailing Address:

FEI Number: 65-1093590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DESINOR, MERCIDIEU
2279 S.E. FLORESTA DR.
PORT ST. LUCIE, FL 34984 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: MERCIDIEU DESINOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DESINOR, MERCIDIEU
Address: 2279 S.E. FLORESTA DR.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VD () Delete
Name: BLANC, MARIE L
Address: 2279 S.E. FLORESTA DR.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S () Delete
Name: REYNOLD, GESLIN
Address: 5705 NW WESLEY RD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: DORLEUS, ALBERIQUE
Address: 112 SW MILBURN CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

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:

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: REYNOLD GESLIN

S

10/13/2009

Electronic Signature of Signing Officer or Director

Date