

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004946

FILED
Dec 14, 2006
Secretary of State

Entity Name: GREATER WARD CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF HALLANDALE, FL, INC.

Current Principal Place of Business:

900 N.W. 6TH AVE.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

900 N.W. 6TH AVE.
PO BOX 4466
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 20-0163547 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, A.J. REV.
900 N.W. 6TH AVENUE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

CLOY, CHARLES REV.
900 N.W. 6TH AVENUE
HALLANDALE, FL 33009 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: CHARLES CLOY

12/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: SOLOMON, VALERIE
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: MR. () Delete
Name: WATKINS, MARK
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: MS. () Delete
Name: JOSEPH, PATRICIA
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: MR. () Delete
Name: COOPER, RICHARD
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: WILLIAMSON, CHRISTINE
Address: 900 NW 9TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: MR. (X) Change () Addition
Name: SOLOMON, IRWIN
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

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

Title: MS (X) Change () Addition
Name: JEWELL, SHARON
Address: 900 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE WILLIAMSON

MRS

12/14/2006

Electronic Signature of Signing Officer or Director

Date