

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005045

FILED
Mar 17, 2008
Secretary of State

Entity Name: PHILADELPHIA PRIMITIVE CHURCH OF GOD, INC.

Current Principal Place of Business:

1233-35 NW 119TH STREET
NORTH MIAMI, FL 33168

New Principal Place of Business:

20 NE 139 ST
MIAMI, FL 33161

Current Mailing Address:

1233-35 NW 119TH STREET
NORTH MIAMI, FL 33168

New Mailing Address:

20 NE 139 ST
MIAMI, FL 33161

FEI Number: 27-0025899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESRAVINES, JOSEPH
20 NE 139TH STREET
MIAMI, FL 33161 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: JOSEPH DESRAVINES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DESRAVINES, JOSEPH
Address: 20 NE 139TH STREET
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: DESRAVINES, FRANCIS
Address: 245 NW 101 STREET
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: DOLCINE, DUROLAND
Address: 565 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: GEORGE, JOSUE
Address: 85 NW 99TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: BERTRAND, JOSEPH
Address: 1120 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete
Name: ALCIDE, MONESTIME
Address: 164 NW 118 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CHARITABLE, KELLY
Address: 20 NE 139 STREET
City-St-Zip: MIAMI, FL 33161

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

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

Title: D (X) Change () Addition
Name: DALEUS, JASCAME
Address: 565 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

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: JOSEPH DESRAVINES

PD

03/17/2008

Electronic Signature of Signing Officer or Director

Date