

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006305

FILED
Apr 06, 2009
Secretary of State

Entity Name: GENESIS WOMEN MINISTRY, INC.

Current Principal Place of Business:

5201 NW 21ST CT< # 1
LAUDERHILL, FL 33313

New Principal Place of Business:

5090NW39STREET
LAUDERDALS LAKES, FL 33319

Current Mailing Address:

P.O. BOX 1472
FORT LAUDERDALE, FL 33302

New Mailing Address:

5090NW39STREET
LAUDERDALS LAKES, FL 33319

FEI Number: 65-1198744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELKER, PAT
5201 NW 21ST CT, # 1
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

WELKER, PAT
5090NW39 STREET
LAUDERDALE LAKES, FL 33319 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: PATRICIA WALKER

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, PATRICIA L
Address: 5202 NORTHWEST 21ST COURT., APT 1
City-St-Zip: LAUDERHILL, FL 33313

Title: VT () Delete
Name: SMITH, ANGELA
Address: 17300 NORTHWEST 68TH AVENUE
City-St-Zip: MIAMI, FL 33015

Title: S () Delete
Name: BROOKS, OLLIE MAE
Address: 5090 NORTHWEST 39TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VPD () Delete
Name: JACKSON, MALICIA
Address: 260 SW 29TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DOA () Delete
Name: BROOKS, JEROME PASTOR
Address: 5090 NW 39TH ST
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: BOA () Delete
Name: BRISCOE, BERNARD
Address: 17300 NW 69TH AVE
City-St-Zip: MIAMI, FL 33315

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
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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: JEROME BROOKS

PAST

04/06/2009

Electronic Signature of Signing Officer or Director

Date