


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006491		
1. Entity Name BETHESDA CHRISTIAN CENTER OF FORT LAUDERDALE INC.		
Principal Place of Business 3231 W BROWARD BLVD FORT LAUDERDALE, FL 33312		Mailing Address 3231 W BROWARD BLVD FORT LAUDERDALE, FL 33312

FILED
09 MAY -1 PM 2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # 3231 W. BROWARD BLVD		3. Mailing Address 17584 S.W 29th LANE		REINSTATEMENT 08-09
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State FORT LAUDERDALE FL.		City & State PEMBROKE PINES, FL.		4. FEI Number 55-0798067
Zip 33312	Country US	Zip 33029	Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent ALEXANDRE DIXON 2800 W. OAKLAND PARK BLVD. #101 OAKLAND PARK, FL 33311		7. Name and Address of New Registered Agent Name IDERIS WALTER DENIS Street Address (P.O. Box Number is Not Acceptable) 17584 S.W. 29th LANE City PEMBROKE PINES FL Zip Code 33029	
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE:  **800148823468**
Signature, typewritten printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) **04/06/09 01045 037 **122.50**

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCOIS, JIORDANY REV. 354 SUNSHINE DRIVE COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IDERIS WALTER DENIS 17584 S.W 29th LANE PEMBROKE PINES, FL. 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENIS, IDERIS WALTER 17584 SW 29 LANE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SEC CALVINCE ALECIS 951 N.E 23rd PLACE POMPANO BEACH FL. 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORELUS, WILLEM 1060 CRYSTAL LAKE DRIVE, APT. 402 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.-TREAS FRITZ ESTIMOND 961 DAYTON CIRCLE FORT LAUDERDALE, FL. 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALMYR, YONER 7027 W. BROWARD BLVD. PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04-02-09 954-391-1398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #