

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 03, 2009
Secretary of State**

DOCUMENT# N03000000060

Entity Name: L'AMOUR PARFAIT MINISTRIES, INC.

Current Principal Place of Business:

4327 OAK TERRACE DRIVE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

3628 WESTMINISTER AVENUE
DURHAM, NC 27704

New Mailing Address:

FEI Number: 42-1579388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

AUGUSTIN, MARIE G
4327 OAK TERRACE DRIVE
GREENACRES, FL 33463 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: MARIE G. AUGUSTIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTIN, TAMARA
Address: 3628 WESTMINISTER AVENUE
City-St-Zip: DURHAM, NC 27704

Title: D () Delete
Name: ATTENTIO, MATHILDE
Address: 1100 7TH ST.
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: GELIN, NOEL
Address: 3628 WESTMINISTER AVENUE
City-St-Zip: DURHAM, NC 27704

Title: D () Delete
Name: ERASE, FARILE
Address: 7500 ORLEANS ST
City-St-Zip: MIRAMAR, FL 33023

Title: DT () Delete
Name: AUGUSTIN, MARIE G
Address: 4327 OAK TERRACE DRIVE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOEL, TAMARA A
Address: 3628 WESTMINISTER AVENUE
City-St-Zip: DURHAM, NC 27704

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: TAMARA AUGUSTIN NOEL

P

10/03/2009

Electronic Signature of Signing Officer or Director

Date