
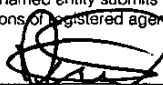
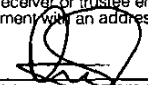


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -9 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000192 1. Entity Name EGLISE ASSEMBLEE EVANGELIQUE DE CHRIST, INC.																																																																																																																													
Principal Place of Business 144 NE 169TH ST. MIAMI, FL 33162			Mailing Address 144 NE 169TH ST. MIAMI, FL 33162																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 82-0573625																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent PIERRE, DUMONT 144 NE 169TH ST. MIAMI, FL 33162																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																																																																																																																													
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 11-07-05 <small>DATE</small> </div> </div>																																																																																																																													
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State																																																																																																																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD PIERRE, DUMONT</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>144 NE 169TH ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33162</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD PIERRE, SAMUEL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>465 W OCEAN AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOYNTON BEACH, FL 33435</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD SAINT HILAIRE, NEHEMIE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1119 MEADOWS CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOYNTON BEACH, FL 33436</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD ST LUC, JEAN FRANCOIS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>808 SW 3RD CT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DELRAY BEACH, FL 33444</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD PIERRE, AMOS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>412 SW 6TH AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 600061292786 11/09/05--01040--006 ***315.00 </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD PIERRE, DUMONT	<input type="checkbox"/> Delete	NAME	144 NE 169TH ST.		STREET ADDRESS	MIAMI, FL 33162		CITY-ST-ZIP			TITLE	VD PIERRE, SAMUEL	<input type="checkbox"/> Delete	NAME	465 W OCEAN AVE.		STREET ADDRESS	BOYNTON BEACH, FL 33435		CITY-ST-ZIP			TITLE	SD SAINT HILAIRE, NEHEMIE	<input type="checkbox"/> Delete	NAME	1119 MEADOWS CIRCLE		STREET ADDRESS	BOYNTON BEACH, FL 33436		CITY-ST-ZIP			TITLE	TD ST LUC, JEAN FRANCOIS	<input type="checkbox"/> Delete	NAME	808 SW 3RD CT		STREET ADDRESS	DELRAY BEACH, FL 33444		CITY-ST-ZIP			TITLE	TD PIERRE, AMOS	<input type="checkbox"/> Delete	NAME	412 SW 6TH AVE.		STREET ADDRESS	HALLANDALE, FL 33009		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061292786 11/09/05--01040--006 ***315.00		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: X  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> 9/08/05 561-856-7539 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													