

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000192

FILED
Oct 14, 2009
Secretary of State

Entity Name: EGLISE ASSEMBLEE EVANGELIQUE DE CHRIST, INC.

Current Principal Place of Business:

810 S. SWINTON AVE.
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

465 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 82-0573625 **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:

PIERRE, DUMONT
465 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 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: DUMONT PIERRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERRE, DUMONT
Address: 465 WEST OCEAN AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VD () Delete
Name: BELLEGARDE, SAMUEL
Address: 465 W OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: SD () Delete
Name: SAINT HILAIRE, NEHEMIE
Address: 1119 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TD () Delete
Name: ST LUC, JEAN FRANCOIS
Address: 808 SW 3RD CT
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: TD () Delete
Name: PIERRE, AMOS
Address: 412 SW 6TH AVE
City-St-Zip: HALLANDALE, FL 33009 US

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
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: DUMONT PIERRE

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date