

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000002674

**FILED**  
**Nov 22, 2004**  
**Secretary of State****Entity Name:** CHRISTIAN MORTGAGE PAY-OFF ASSOCIATION, INC.**Current Principal Place of Business:**8364 BEACON BLV.  
FORT MYERS, FL 33907**New Principal Place of Business:**1019 VERONICA SHOEMAKER AVE.  
FORT MYERS, FL 33916**Current Mailing Address:**8364 BEACON BLV.  
FORT MYERS, FL 33907**New Mailing Address:**2358 HARVARD AVE  
FORT MYERS, FL 33907**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ST. MARC, ROLAND  
8364 BEACON BLV.  
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**JOCELIN, EDDY  
1430 ARGYLE DR,  
FORT MYERS, FL 339919 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: EDDY JOCELIN

11/22/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ST. MARC, ROLAND  
Address: 8364 BEACON BLV.  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: SELVANDIEU, JOSEPH  
Address: 1664 ADIN STREET  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD ( ) Delete  
Name: JOCELYN, EDDY  
Address: 3575 ROAYAL PLAM BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JOCELIN, EDDY  
Address: 1430 ARGYLE DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: V.P (X) Change ( ) Addition  
Name: JOSEPH, SELVANDIEU  
Address: 332 DELAWARE RD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECR (X) Change ( ) Addition  
Name: LORDEUS, ST. LUC  
Address: 2358 HARVARD AVE  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Change (X) Addition  
Name: LUCIEN, COLOMBE  
Address: 8764 AUSTIN ST  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDDY JOCELIN

PRES

11/22/2004

Electronic Signature of Signing Officer or Director

Date