

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000005653</b> 1. Entity Name EVANGELICAL MISSION CHARITY AND DEVELOPMENT, INC.		 <div style="text-align: right;">           FILED            06 MAR 28 AM 8:30            REINSTATEMENT            05-06         </div>	
Principal Place of Business 209 NE 15TH TER BOCA RATON, FL 33432		Mailing Address 209 NE 15TH TER BOCA RATON, FL 33432	
2. Principal Place of Business 870 S. W 63TH TER Suite, Apt. #, etc. HOUSE		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State N. LAUDERDALE FLORIDA		4. FEI Number 35-2194487	
Zip 333068		Country BROWARD	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GASPARD, PIERRE F 1322 SILVERADO DR N LAUDERDALE, FL 33068 NEW ADDRESS 870 N. W. 63TH TER N. LAUDER LE, FLORIDA 33068	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <u>Pierre F. Gaspard</u> PRESIDENT MARS 23 2006 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GASPARD, PIERRE F 209 NE 15TH TER BOCA RATON, FL 33432 NEW ADDR. <input type="checkbox"/> Delete 870 S. W 63TH TER N. LAUD. FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition AND TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYPPOLITE, WIKENNE 870 SW 63 TERR. N LAUDERDALE, FL 33068 NEW ADDR. <input type="checkbox"/> Delete SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition AND TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASPARD, SPUR 209 NE 15TH TER BOCA RATON, FL 33432 NEW ADDR. <input type="checkbox"/> Delete 870 S. W 63TH TERR. N. LAUD FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition AND TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMILCAR, MARIE J 209 NE 15TH TER BOCA RATON, FL 33432 NEW ADDR. <input type="checkbox"/> Delete 4010 N. E 2TH AVE POMPANO B. FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition AND TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 64 PP 3/31	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700069952087 04/10/06--01056--007 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Pierre F. Gaspard</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		03-23-06 561-909-9678 CELL 706-522-4730	