

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000009820

**FILED**  
**Jun 05, 2012**  
**Secretary of State**

**Entity Name:** TRUE LOVE MISSIONARY BAPTIST CHURCH, INC. OF HALLANDALE FLORIDA 33008

**Current Principal Place of Business:**

312 NW 2ND AVE.  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

4435 NW 56TH STREET  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

4435 NW 65TH STREET  
COCONUT CREEK, FL 33073 US

**FEI Number:** 71-0956235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENSON, ALBERT  
4435 NORTHWEST 65TH STREET  
COCONUT CREEK, FL 33073 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:** ALBERT STEPHENSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** STEPHENSON, ALBERT  
**Address:** 4435 NW 65TH ST  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

**Title:** TD  
**Name:** HARPER, ROSE  
**Address:** 906 NW19TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33311 US

**Title:** SD  
**Name:** THEODORA, STEPHENSON  
**Address:** 4435 NW 65TH STREET  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

I hereby 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 all other like empowered.

**SIGNATURE:** ALBERT STEPHENSON

PD

06/05/2012

Electronic Signature of Signing Officer or Director

Date