



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003102 1. Entity Name CHURCH OF GOD CHRIST IS MY VICTORY, INCORPORATED						FILED 2008 FEB -6 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 420 NW.116STREET MIAMI, FL 33168				Mailing Address 441 NW 116 ST MIAMI, FL 33168			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 				3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 92-0187131				Applied For <input checked="" type="checkbox"/> REINSTATEMENT Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01192008 REIN-099 (1/07) 01-08			
6. Name and Address of Current Registered Agent SALOMON, JONAS 441 NW 116 ST MIAMI, FL 33168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and officer or director (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDRE, CENOU 420 NW. 116STREET MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jean Dume 8500 Buxayne Blvd Miami FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAYMOND, LEGITIME 1143 NW 15 ST FT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000116103260 01/25/08--01033--001 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALOMON, JONAS 441 NW 116 ST MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000116103260 02/06/08--01012--023 **52.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ST VIL, SILFIDA D 13251 MEMORIAL HWY N MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MICHEL, SHEILA 12300 NE 4 AVE MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE, CLERMONTINE 420 NW. 116STREET MIAMI, FL 33168	<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: <i>X Rev. Andre Cenou</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>1/21/08</i> Daytime Phone #			