

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

DOCUMENT# N04000004545

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** TRUE FAITH APOSTOLIC WORSHIP CENTER INC.

**Current Principal Place of Business:**

505 S.W 12TH AVENUE  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

540 N.W 4TH AVENUE  
410  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 73-1724412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HAYES, THURMAN  
540 N.W 4TH AVENUE  
410  
FORT LAUDERDALE, FL 33311 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:** SHERMAN HAYES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HAYES, THURMAN  
**Address:** 540 N.W 4TH AVENUE APT 410  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** VD  
**Name:** HAYES, SHERMAN  
**Address:** 540 N.W 4TH AVENUE APT 410  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** TSD  
**Name:** HAYES, SABRINA  
**Address:** 540 N.W 4TH AVENUE APT 410  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

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:** SHERMAN HAYES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VD

10/08/2012

\_\_\_\_\_  
Date