

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



FILED

06 MAY 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
05172006 REIN-NP CR2E099(4/1/05)

DOCUMENT # N04000006964 1. Entity Name NEW CHURCH OF GOD OF ROC OF DEIVERANCE, INC		
Principal Place of Business 1400 NW 12TH AVE MIAMI, FL 33169		Mailing Address 11351 NW 11TH AVE MIAMI, FL 33168
2. Principal Place of Business 1091 NW 11994 Suite, Apt. #, etc.	3. Mailing Address 1460 NW 113 Terrace Suite, Apt. #, etc.	
City & State MIAMI FLA	City & State MIAMI FLA	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33167	Country Dade county	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required ARTICLES OF INCORPORATION
6. Name and Address of Current Registered Agent DORIZEL AGNEAU 11351 NW 11TH AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent Name: DORIZEL AGNEAU Street Address (P.O. Box Number is Not Acceptable): 1460 NW 113 Terrace City: MIAMI FL Zip Code: 33167
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>Agneau Dorizel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>5-25-06</u>
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: DP NAME: DORIZEL, AGNEAU <input type="checkbox"/> Delete STREET ADDRESS: 11351 NW 11TH AVE CITY-ST-ZIP: MIAMI, FL 33168	TITLE: <u>DP</u> DORIZEL AGNEAU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DORIZEL AGNEAU STREET ADDRESS: 1460 NW 113 Terrace CITY-ST-ZIP: MIAMI FL 33167	
TITLE: DS NAME: WILFRID, DOLCE <input checked="" type="checkbox"/> Delete STREET ADDRESS: 11351 NW 11TH AVE CITY-ST-ZIP: MIAMI, FL 33168	TITLE: <u>DS</u> MARIE PHILIPPE ST JULIEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MARIE PHILIPPE ST JULIEN STREET ADDRESS: 1460 NW 113 Terrace CITY-ST-ZIP: MIAMI, FL 33167	
TITLE: <u>DT</u> NAME: ANA, SAINT BERT <input checked="" type="checkbox"/> Delete STREET ADDRESS: 11400 NW 12TH AVE CITY-ST-ZIP: MIAMI, FL 33168	TITLE: <u>DS</u> SOIADGE STILES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: SOIADGE STILES STREET ADDRESS: 661 NE 61st CITY-ST-ZIP: MIAMI FL 33137	
TITLE: DV NAME: SAINTILIA, DORIZIEL <input type="checkbox"/> Delete STREET ADDRESS: 11351 NW 11TH AVE CITY-ST-ZIP: MIAMI, FL 33168	TITLE: <u>DV</u> SAINTILIA DORIZIEL <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SAINTILIA DORIZIEL STREET ADDRESS: 1460 NW 113 Terrace CITY-ST-ZIP: MIAMI, FL 33167	
TITLE: DT NAME: YANIQUE, EUGENE <input checked="" type="checkbox"/> Delete STREET ADDRESS: 11351 NW 11TH AVE CITY-ST-ZIP: MIAMI, FL 33168	TITLE: <u>DT</u> MIRELLE COLON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MIRELLE COLON STREET ADDRESS: 13605 NE 3rd CITY-ST-ZIP: MIAMI FL 33161	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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>Agneau Dorizel</u> , AGNEAU DORIZIEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>5-25-06</u> 305 303-7289 <small>Date Daytime Phone #</small>