

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008020

FILED
Aug 06, 2007
Secretary of State

Entity Name: THE EMBASSY INTERNATIONAL CHRISTIAN CENTER, INC.

Current Principal Place of Business:

PO BOX 11915
JACKSONVILLE, FL 322391915

New Principal Place of Business:

13802 ZION GATE COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 11915
JACKSONVILLE, FL 322391915

New Mailing Address:

FEI Number: 20-1572280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GILLESPIE, JOANN E
6100 ARLINGTON EXPRESSWAY APT 0-304
JACKSONVILLE, FL 32211 US

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: JOANN E. GILLESPIE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLESPIE, JOANN E
Address: 6100 ARLINGTON EXP APT 0-304
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: WASH, FELICIA
Address: 1434 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: BROOKS, VERDELL
Address: 1931 LAMBERT STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANN E. GILLESPIE

MISS

08/06/2007

Electronic Signature of Signing Officer or Director

Date