

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011080

1. Entity Name  
TRINITY EVANGELICAL BAPTIST CHURCH, INC.



FILED

06 MAR 30 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~14625 N.W. 7TH AVE.~~  
~~MIAMI, FL 33167~~

Mailing Address

~~14625 N.W. 7TH AVE.~~  
~~MIAMI, FL 33167~~  
1735 NE 180 ST  
N. MIAMI BEACH  
FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0411293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, DIEUDACE REV.  
1735 N.E. 180TH COURT  
MIAMI BEACH, FL 33162-1501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Dieudace Pierre*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D ☐ Delete  
NAME PIERRE, DIEUDACE REV.  
STREET ADDRESS 1735 NE 180 COURT  
CITY-ST-ZIP MIAMI BEACH, FL 331621501

TITLE D ☐ Delete  
NAME AUGUSTIN, MIREILLE  
STREET ADDRESS 2430 NW 141 STREET  
CITY-ST-ZIP OPALOCA, FL 33154

TITLE D ☐ Delete  
NAME PETIT-HON, JOEL  
STREET ADDRESS 14625 N.W. 7TH AVE.  
CITY-ST-ZIP MIAMI, FL 33167

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Dieudace Pierre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #