

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011957

FILED
Oct 16, 2009
Secretary of State

Entity Name: EGLISE DE DIEU LA REDEMPTION DE SION DE POINCIANA, INC.

Current Principal Place of Business:

4944 OLD PLEASANT HILL ROAD
KISSIMMEE, FL 34759

New Principal Place of Business:

4937 OLD PLEASANT HILL ROAD
KISSIMMEE, FL 34759

Current Mailing Address:

407 MARLBERRY LEAF AVE
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 30-0293766 **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:

SAINT -CYR, MAX PASTOR
407 MARLBERRY LEAF AVE
KISSIMMEE, FL 34758 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: MAX SAINT-CYR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR. () Delete
Name: SAINT-CYR, MAX
Address: 407 MARLBERRY LEAF AVE
City-St-Zip: KISSIMMEE, FL 34758

Title: PR. () Delete
Name: EXUMENE, SAINT-CYR C ASS. PR
Address: 407 MARLBERRY LEAF AVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: ERIC, HOKE YTH. PR
Address: 407 MARLBERRY LEAF AVE
City-St-Zip: KISSIMMEE, FL 34758

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: MAX SAINT-CYR

PAST

10/16/2009

Electronic Signature of Signing Officer or Director

Date