

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004216

FILED
Dec 27, 2009
Secretary of State

Entity Name: EGLISE DE DIEU DE LA NOUVELLE JERUSALEM INC

Current Principal Place of Business:

410 NW 1 ST
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

309 NE 4 ST
2
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

CHARITE, SAINCLAIR
410 NW 1 ST
HALLANDALE, FL 33009 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: SAINCLAIR CHARITE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHARITE, SAINCLAIR
Address: 309 NE 4 ST
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: CHARITE, ARNEL
Address: 4160 INVERRARY DRV
City-St-Zip: LAUDERHILL, FL 33319

Title: VP () Delete
Name: MISELER, FLEURINORD
Address: 4451 NW 36 CT
City-St-Zip: LAUDEDALE LAKE, FL 33319

Title: VP () Delete
Name: DELISSAINT, IVON
Address: 309 NE 4 ST
City-St-Zip: HALLANDALE, FL 33009

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:

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: CHARITE SAINCLAIR

P

12/27/2009

Electronic Signature of Signing Officer or Director

Date