## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000005095

Oct 11, 2006 Secretary of State

Entity Name: LAKE WORTH AND LANTANA SEVENTH DAY SABBATH ADVENTIST ASSOCIATION INC. **Current Principal Place of Business: New Principal Place of Business:** 4665 KIRK ROAD LAKE WORTH, FL 33461 US **Current Mailing Address: New Mailing Address:** 12173 88TH PLACE NORTH WEST PALM BEACH, FL 33412 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINDO, VINCENT JAMES 4665 KİRK ROAD LAKE WORTH, FL 33461 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: VINCENT JAMES LINDO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LINDO, VINCENT JAMES Name: Name: 12173 88TH PLACE NORTH Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SUCKRAM, MARGARET Name: Address: 4665 KIRK RD. Address: LAKE WORTH, FL 33461 US City-St-Zip: City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition WATSON, VIVIEN ROBERTS, CURTIS Name: Name: Address: 4665 KIRK RD. Address: **4665 KIRK RD** City-St-Zip: LAKE WORTH, FL 33461 US City-St-Zip: LAKE WORTH, FL 33461 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: FRANCIS, HENRY Address: Address: 4665 KIRK RD. City-St-Zip: City-St-Zip: LAKE WORTH, FL 33461 US

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENT JAMES LINDO PD 10/11/2006