

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000007712

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** GREATER FELLOWSHIP M.B.C. EXTENDED HANDS MINISTRIES, INC.

**Current Principal Place of Business:**

2601 NW 65 STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

2601 NW 65 STREET  
MIAMI, FL 33147

**New Mailing Address:**

PO BOX 473322  
MIAMI, FL 33247

**FEI Number:** 20-3182507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, SHARLENE  
2601 NW 65 STREET  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

POPE, ALESIA  
2601 NW 65 STREET  
MIAMI, FL 33147 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: ALESIA POPE

11/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POPE, ALESIA L  
Address: PO BOX 473322  
City-St-Zip: MIAMI, FL 33247

Title: M  
Name: PEOPLES, JOHN  
Address: PO BOX 473322  
City-St-Zip: MIAMI, FL 33247

Title: M  
Name: PRUETT, HOSEA  
Address: PO BOX 473322  
City-St-Zip: MIAMI, FL 33247

I hereby 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 all other like empowered.

SIGNATURE: ALESIA POPE

P

11/30/2011

Electronic Signature of Signing Officer or Director

Date