

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001381

FILED
Oct 29, 2007
Secretary of State

Entity Name: BETHESDA HAITIAN EVANGELICAL CHURCH OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

752 SE WHITEHURST AVE
PORT ST LUCIA, FL 34983

New Principal Place of Business:

752 SE WHITEHURST AVE
PORT ST LUCIE, FL 34983

Current Mailing Address:

752 SE WHITEHURST AVE
PORT ST LUCIA, FL 34983

New Mailing Address:

752 SE WHITEHURST AVE
PORT ST LUCIE, FL 34983

FEI Number: 14-1953141 **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:

MICHEL, CHRISTEL
752 SE WHITEHURST AVE
PORT ST LUCIA, FL 34983 US

Name and Address of New Registered Agent:

MICHEL, CHRISTEL
752 SE WHITEHURST AVE
PORT ST LUCIE, FL 34983 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: CHRISTEL MICHEL

10/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHEL, CHRISTEL
Address: 752 SE WHITEHURST AVE
City-St-Zip: PORT ST LUCIA, FL 34983

Title: D () Delete
Name: JOSEPH-MICHEL, ROSE N
Address: 752 SE WHITEHURST AVE
City-St-Zip: PORT ST LUCIA, FL 34983

Title: D () Delete
Name: CADEAU, MARIE
Address: 1568 COLLETTE CIR
City-St-Zip: PORT ST LUCIA, FL 34952

Title: D () Delete
Name: GASTON, VIVIANE
Address: 2163 ADDISION ST
City-St-Zip: PORT ST LUCIA, FL 34985

Title: D () Delete
Name: ST VICTOR, FLUERETTE
Address: 230 MIDFIELD LN
City-St-Zip: PORT ST LUCIA, FL 34983

Title: D () Delete
Name: ARISTIDE, ANTONIA
Address: 558 MARION AVE
City-St-Zip: PORT ST LUCIA, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICHEL, CHRISTEL
Address: 752 SE WHITEHURST AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Change () Addition
Name: JOSEPH-MICHEL, ROSE N
Address: 752 SE WHITEHURST AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Change () Addition
Name: CADEAU, MARIE
Address: 1568 COLLETTE CIR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D (X) Change () Addition
Name: EUGENE, PRICILE
Address: 4634 SW EAGLE STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change () Addition
Name: VINCENT, DEVILMA
Address: 643 ABODE DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change () Addition
Name: ARISTIDE, ANTONIA
Address: 558 MARION AVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: CHRISTEL MICHEL

D

10/29/2007

Electronic Signature of Signing Officer or Director

Date