2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# N06000003834

Entity Name: ASSEMBLY OF GOD MISSION ETERNAL ROCK, CORP

Current Principal Place of Business:

2733 SE MORNINGSIDE BLVD
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2020 SW GRANT AVE
PORT ST LUCIE, FL 34952

New Mailing Address:

PO BOX 881777
PORT ST LUCIE, FL 34988

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

PEREIRA, ALEXANDRE
2020 SW GRANT AVE
PORT SAINT LUCIE, FL 34953 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: ALEXANDRE PEREIRA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREIRA, ALEXANDRE
Address: 2020 SW GRANT AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete
Name: SACRAMENTO, PAULO L
Address: 6282 NW 36TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP ( ) Delete
Name: MELO, LUIS
Address: 2602 SW CALDER ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S ( ) Delete
Name: SACRAMENTO, CRISTIANO
Address: 2020 SW GRANT AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T (X) Delete
Name: NAKAMURA, EDSON H
Address: 6110 NW E DEVILLE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SACRAMENTO, OSLAIR
Address: 6282 NW 36TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S (X) Change ( ) Addition
Name: SACRAMENTO, CRISTIANE
Address: 2020 SW GRANT AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: ALEXANDRE PEREIRA P 10/12/2007
Electronic Signature of Signing Officer or Director — Date