2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2008
Secretary of State

DOCUMENT# N06000008629

Entity Name: PLACE OF REFUGE FELLOWSHIP CENTER INC.

Current Principal Place of Business:

8444 S. US HIGHWAY 1
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

626 SW BOLIN CT
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 11-3789792 **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:

LANCIFORT, YLLRICK
626 SW BOLIN CT
PORT ST LUCIE, FL 34983 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: YLLRICK LANCIFORT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANCIFORT, YLLRICK
Address: 626 SW BOLIN CT
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete
Name: ELTIDA, LANCIFORT G
Address: 626 SW BOLIN CT
City-St-Zip: PORT ST LUICE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: YLLRICK LANCIFORT PR 10/02/2008
Electronic Signature of Signing Officer or Director — Date