

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000009588

1. Entity Name
EVANGELICAL MISSION OF THE GOOD SAMARITAIN, INC



Principal Place of Business
**3709 15TH ST W
LEHIGH ACRES, FL 33971**

Mailing Address
**3709 15TH ST W
LEHIGH ACRES, FL 33971**

2. Principal Place of Business - No P.O. Box #
3709 15th St W.

3. Mailing Address #
pastorcirail@yahoo.com

City & State
Lehigh Acres FL

City & State
Lehigh Acres FL

Zip
33971

Country
U.S

6. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD STE 400
MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent
**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD 400
MIAMI BCH FL 33139**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID CIRAIL** **David Cirail** **3/05/08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PRESMY, CLODY
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CIRAIL, DAVID
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASS. T
JEAN-BAPTISTE, WENSLOT
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(T) JEAN THONY FAROUL
602 Palmetto Ave
Lehigh Acres, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(S) Marie Carmelle Boisbel
3706 Broadway Ave APT 29
F. Myers, FL 33901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(ASS. T) Jean-Baptiste Wenslot

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(T) Jean Thony Faroul

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(S) Marie Carmelle Boisbel

FILED
08 MAR -6 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number
06.1837692

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD STE 400
MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent
**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD 400
MIAMI BCH FL 33139**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID CIRAIL** **David Cirail** **3/05/08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PRESMY, CLODY
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CIRAIL, DAVID
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASS. T
JEAN-BAPTISTE, WENSLOT
3709 15TH ST W
LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(T) JEAN THONY FAROUL
602 Palmetto Ave
Lehigh Acres, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(S) Marie Carmelle Boisbel
3706 Broadway Ave APT 29
F. Myers, FL 33901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(ASS. T) Jean-Baptiste Wenslot

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(T) Jean Thony Faroul

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(S) Marie Carmelle Boisbel

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **David Cirail** **3/05/08 (239) 895-5069**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50