

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

DOCUMENT# N06000011131

**Entity Name:** NAZARENE COMPASSIONATE MINISTRY AND EDUCATIONAL CENTER, INC.

**Current Principal Place of Business:**

1400 NE 5TH AVE.  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NE 5TH AVE.  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 55-0917442      **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:**

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

JASMIN, ANTOINE J  
1400 NE 5TH AVE.  
FORT LAUDERDALE, FL 33304      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: ANTOINE J JASMIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JASMIN, ANTOINE J  
Address: 900 NE 17TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

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

Title: D      ( ) Delete  
Name: JASMIN, ANGELINA  
Address: 900 NE 17TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

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

Title: S      ( ) Delete  
Name: PRESUME, ROOSEVELT  
Address: 400 PENNSYLVANIA AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33317

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

Title: T      ( ) Delete  
Name: MICHEL, MARIE LOURDES  
Address: 8655 NORTH MIAMI AVE.  
City-St-Zip: MIAMI, FL 33315

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: ANGELINA JASMIN

D

10/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date