

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011542

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE CHURCH OF THE LIVING GOD OF BOYNTON BEACH, INC.

Current Principal Place of Business:

1600 N FEDERAL HWY BAY 4 AND 5
BOYNTON BEACH, FL 33435

New Principal Place of Business:

425 N.E 10TH AVE
BOYNTON BEACH, FL 33435

Current Mailing Address:

1600 N FEDERAL HWY BAY 4 AND 5
BOYNTON BEACH, FL 33435

New Mailing Address:

7312 MICHIGAN ISLE ROAD
LAKE WORTH, FL 33467

FEI Number: 20-8544620 **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:

BALDWIN, MARVA A PASTOR
7312 MICHIGAN ISLE ROAD
LAKE WORTH, FL 33467 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: MARVA BALDWIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALDWIN, MARVA A PASTOR
Address: 1600 N FEDERAL HWY BAY 4 AND 5
City-St-Zip: BOYNTON BEACH, FL 33435

Title: B () Delete
Name: GIRTMAN, ROBERT E BISHOP
Address: 153 ROCKINGCHAIR DIVER
City-St-Zip: WHITE PLAINS, NY 10607

Title: MIN () Delete
Name: BROOKS, CYNTHIA S MIN
Address: 230 SOUTH WEST 11TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MIN () Delete
Name: LERMA, JOSE MIN
Address: 3690 NORTH SEACREST BLVD
City-St-Zip: LANTANA, FL 33462

Title: DEC () Delete
Name: SHANNON, JOHNNY DEC
Address: 319 SOUTH WEST 10TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: TRUS () Delete
Name: BRAAF, SHERDINA TRUSTEE
Address: 2334 SOUTH WEST 13TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALDWIN, MARVA A PASTOR
Address: 425 NE 10TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

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

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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: JOSE LERMA

MIN

01/15/2009

Electronic Signature of Signing Officer or Director

Date