

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N07000002247

Entity Name: GOSPEL RESUCE MISSION OF FAITH INC.

Current Principal Place of Business:

3011 NW 8TH PALCE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3011 NW 8TH PALCE
FORT LAUDERDALE, FL 33311

New Mailing Address:

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

Name and Address of Current Registered Agent:

HICKS, SHAWAWN
3011 NW 8TH PALCE
FORT LAUDERDALE, FL 33311 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: SHAWAWN HICKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HICKS, RICKY
Address: 3011 NW 8TH PALCE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV () Delete
Name: HICKS, SHAWAWN
Address: 3011 NW 8TH PALCE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: MOSBY, MARTHA
Address: 1719 NW 7TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: MCPHAUL, SOLOMON
Address: 6971 NW 21ST STREET
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: TURNER, ISAAC
Address: 204 N.W. 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: MARTHA MOSBY

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date