

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005722

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: CARIBBEAN GOSPEL ALLIANCE INC.

## Current Principal Place of Business:

264 KENSINGTON WAY  
ROYAL PALM BEACH, FL 33414

## New Principal Place of Business:

3979 NW 87 AVE  
SUNRISE, FL 33351

## Current Mailing Address:

264 KENSINGTON WAY  
ROYAL PALM BEACH, FL 33414

## New Mailing Address:

3979 NW 87 AVE  
SUNRISE, FL 33351

FEI Number: 26-0328357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

MCINTOSH, JOAN A  
8851 NW 78 STREET  
194  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

MCINTOSH, JOAN A  
3979 NW 87 AVE  
SUNRISE, FL 33351 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: JOAN MCINTOSH

02/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MITCHELL, ROSEMARIE A  
Address: 264 KENSINGTON WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: VP ( ) Delete  
Name: CHEVANNES, SHARON E  
Address: 93 SUNSET DR  
City-St-Zip: SPRINGFIELD, MA 01109

Title: DIR ( ) Delete  
Name: ANDERSON, ELAINE D  
Address: 25 LEATHER LEAF CIR  
City-St-Zip: SPRINGFIELD, MA 01109

Title: DIR ( ) Delete  
Name: GAYLE, MILLICENT L  
Address: 289 GRESHAM ST  
City-St-Zip: SPRINGFIELD, MA 01119

Title: DIR ( ) Delete  
Name: MCINTOSH, JOAN A  
Address: 8851 NW 78 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete  
Name: MITCHELL, ELICIA E  
Address: 264 KENSINGTON WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MITCHELL, ROSEMARIE A  
Address: 4658 WINDWARD COVE LN  
City-St-Zip: WELLINGTON, FL 33449

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: DIR (X) Change ( ) Addition  
Name: MCINTOSH, JOAN A  
Address: 3979 NW 87 AVE  
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change ( ) Addition  
Name: MITCHELL, ELICIA E  
Address: 4658 WINDWARD COVE LN  
City-St-Zip: WELLINGTON, FL 33449

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: ROSEMARIE MITCHELL

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date