## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000006336

Entity Name: MY BELOVED CHILD MINISTRIES, INC.

FILED Dec 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1942 SW 123 AVE 380 S STATE ROAD 434

MIAMI, FL 33175 1004-173

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** New Mailing Address:

1942 SW 123 AVE 380 S STATE ROAD 434

MIAMI, FL 33175 1004-173

ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-0454958 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: Name and Address of New Registered Agent:

CHACON, ALEJANDRINA RAMOS, MARK 1942 SW 123 AVE 375 EMÉRSON PLAZA

MIAMI, FL 33175 1012 ALTAMONTE SPRINGS, FL 32701 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: MARK RAMOS

12/03/2009 Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES** () Delete (X) Change ( ) Addition CHACON, ALEJANDRINA Name: Name:

RAMOS, MARK 1942 SW 123 AVE Address: 375 EMERSON PLAZA Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33175

Title: Title: (X) Change ( ) Addition ( ) Delete Name: MONTALVO, GARDENIA Name: WALLACE, HOWARD

Address: 1942 SW 123 AVE Address: 2181 PATE ROAD City-St-Zip: MIAMI, FL 33175 City-St-Zip: JULIETTE, GA 31046

Title: () Delete Title: SEC ( ) Change (X) Addition

WALLACE, PAULA Name: Name: 2181 PATE ROAD Address: Address: City-St-Zip: City-St-Zip: JULIETTE, GA 31046

Title: () Delete Title: TREA ( ) Change (X) Addition

RODRIGUEZ, ÁLICIA Name: Name: 13756 SW 48TH STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33175

Title: () Delete Title: ( ) Change (X) Addition

MOSHER, BRUCE Name: Name: 2181 PATE ROAD Address: Address: JULIETTE, GA 31046 City-St-Zip: 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: MARK RAMOS **PRES** 12/03/2009