

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009653

FILED
Jan 22, 2009
Secretary of State

Entity Name: DELRAY COMMUNITY LIGHTHOUSE, INC.

Current Principal Place of Business:

94 SW 5TH AVE
DELRAY BCH, FL 33444

New Principal Place of Business:

Current Mailing Address:

94 SW 5TH AVE
DELRAY BCH, FL 33444

New Mailing Address:

FEI Number: 26-1902838 **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:

MOORE, LINDA
94 SW 5TH AVE
DELRAY BCH, FL 33444 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: LINDA MOORE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, ALBERT
Address: 2281 NW 2 ST
City-St-Zip: BOYNTON BCH, FL 33435

Title: D () Delete
Name: ALLEN, LINDA
Address: 8175 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: BOONE, LATOYA
Address: 507 SW 15 AVE
City-St-Zip: DELRAY BCH, FL 33444

Title: D () Delete
Name: CHRIST, RHONDA
Address: 18 SOUTHERNCROSS CIR APT 106
City-St-Zip: BOYNTON BCH, FL 33436

Title: D () Delete
Name: BOONE, DONNELLA
Address: 7864 SONOMA SPRING CIR #208
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: STEWART, JAMES
Address: 630 SW 6 AVE
City-St-Zip: DELRAY BCH, FL 33444

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

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

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: ALBERT MOORE

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date