

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010898

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** TEMPLE ADVENTISTE DE W.P.B., EGLISE COMUNAUTAIRE, INC.

**Current Principal Place of Business:**

6901 PARKER AVENUE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

832 GREEN STREET  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 45-0565903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JEAN-BAPTISTE, LYNNE  
1714 PIER SIDE CIRCLE  
WELLINGTON, FL 33414 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: LYNNE JEAN-BAPTISTE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DECIMUS, RODRIGUE  
Address: 439 KERN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete  
Name: JEAN-BAPTISTE, MAX  
Address: 1714 PIER SIDE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: JEAN-BAPTISTE, LYNNE  
Address: 1714 PIER SIDE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: JONES, GLADYS  
Address: 832 GREEN STREET  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete  
Name: FRANCOIS, EDMEE  
Address: 6781 CORAL REEF STREET  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: FRANCOIS, JAMES  
Address: 6781 CORAL REEF STREET  
City-St-Zip: LAKE WORTH, FL 33467

**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: EDMEE FRANCOIS

O

02/05/2009

Electronic Signature of Signing Officer or Director

Date