

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# N07000010898

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 PIERSIDE 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 PIERSIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: JEAN-BAPTISTE, LYNNE
Address: 1714 PIERSIDE 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
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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

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02/05/2009

Electronic Signature of Signing Officer or Director

Date