

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002814

FILED
Dec 07, 2009
Secretary of State

Entity Name: CHURCH OF THE LIVING GOD OF THE PENTECOST INC.

Current Principal Place of Business:

6207 PLAINS DR
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6207 PLAINS DR
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

JOCELYN, ALFRED
6207 PLAINS DR
LAKE WORTH, FL 33463 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: ALFRED JOCELYN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALFRED, JOCELYN
Address: 6207 PLAINS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: P () Delete
Name: ALFRED, ZULMA
Address: 6207 PLAINS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: ANNULYSSE, JEAN
Address: 1541 ALINE CT.
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: ANNULYSSE, STALONNE
Address: 1541 ALINE CT.
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: MARILUS, NEPTUNE
Address: 6081 WAYCONDA E.
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: ETIENNE, YVONNE
Address: 6107 PLAINS DR.
City-St-Zip: LAKE WORTH, FL 33463

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:

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: ALFRED JOCELYN

P

12/07/2009

Electronic Signature of Signing Officer or Director

Date