

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009505

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** EGLISE BAPTISTE DE LA FRATERNITE, INC.

**Current Principal Place of Business:**

514 NE 18TH PLACE  
SUITE 3  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

514 NE 16TH PLACE  
SUITE 3  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 36-4595474 **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:**

JEAN-LOUIS, ILDET  
702 GRANT LANE  
LEHIGH ACRES, FL 33936 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: ILDET JEAN-LOUIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JEAN-LOUIS, IDLET  
Address: 702 GRANT LANE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: S ( ) Delete  
Name: FENELON, ENEL  
Address: 3503 SW 12TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP ( ) Delete  
Name: MARCELIN, KEARNEY  
Address: 514 NE 16TH PLACE SUITE 3  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: T ( ) Delete  
Name: PRADEL, DERVIL  
Address: 1328 SE 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

**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:

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: IDLET JEAN-LOUIS

P

10/22/2009

Electronic Signature of Signing Officer or Director

Date