

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09000010789

1. Entity Name
HAITIAN CHANGING LIFE MINISTRY CHURCH OF GOD,
INC.



FILED
12 MAR 23 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
960 SANTA ANITA STREET
ORLANDO, FL 32808

Mailing Address
960 SANTA ANITA STREET
ORLANDO, FL 32808



2. Principal Place of Business - No P.O. Box #
Haitian Changing Life min

3. Mailing Address
960 Santa Anita

Suite, Apt. #, etc.

02222012 REIN-NP CR2E099 (12/11)

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32809

Country
Orange

Zip
32808

Country
Orange

4. FEI Number
30-0583988

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETIENNE, MAXO
3038 N PINE HILLS RD
5-8
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *02/28/12*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MIRVILLE, JEAN R 441 LOWNDES SQUARE CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>600223181786</i> <i>02/28/12--01005--011</i> *\$0.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRVILLE, MONA 441 LOWNDES SQUARE CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAH, FRANK 5384 CONAREEF COURT ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT

MAR 26 2012

T. SCOTT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *2/24/2012*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-MAIL ADDRESS