

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09002

FILED
Sep 29, 2009
Secretary of State

Entity Name: PRATT MEMORIAL HOLY SPIRIT CHRISTIAN CHURCH OF MIAMI, FLORIDA, INCORPORATED

Current Principal Place of Business:

PRATT MEMORIAL H.S.C. CHURCH
1900 NORTHWEST 183RD STREET
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

2201 N. W. 189 TERRACE
MIAMI, FL 33056 US

New Mailing Address:

15800 BUNCHE PARK SCHOOL DRIVE
MIAMI, FL 33054 US

FEI Number: 65-0532560 **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:

LOCURTO, VINCENT C
1451 WEST CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309 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: VINCENT C LOCURTO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WILLIAMS, IVAN E
Address: 2201 N.W. 189TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: WILSON,, BRENDA
Address: 1701 NW 185 ST
City-St-Zip: MIAMI, FL 33056

Title: PD () Delete
Name: WILLIAMS, IRA J
Address: 15800 BUNCHE PARK SCHOOL DR
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: JOHNSON, VELMA W
Address: 260 BEECHWOOD LANE
City-St-Zip: STONE MOUNTAIN, GA 30087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILSON, BRENDA
Address: 1701 NW 185 ST
City-St-Zip: MIAMI, FL 33056

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: IRA J WILLIAMS

PD

09/29/2009

Electronic Signature of Signing Officer or Director

Date