



2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10000002837 1. Entity Name EL-ELYON HAITIAN EVANGELICAL MINISTRY, INC.						FILED 12 MAY 23 PM 2:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100233041981 05/01/12--01008--001 **132.50 100233041981 	
Principal Place of Business 7790 LA SALLE BLVD MIRAMAR, FL 33023				Mailing Address 7790 LA SALLE BLVD MIRAMAR, FL 33023			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number Applied For Not Applicable				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOSEPH, HENOCK 4545 TREEHOUSE LANE APT #2C TAMARAC, FL 33319				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$297.50				REINSTATEMENT		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	C JOSEPH, HENOCK 4545 TREEHOUSE LANE APT #2C TAMARAC, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Joseph Henock 4545 Treehouse Lane #2C TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BASTIEN, OCNELL 14730 NE 11 AVE MIAMI, FL 33163	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Bastien, Ocnell 14730 NE 11 AVE MIAMI, FL 33163	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSELINE, JEAN BAPTISTE 7790 LA SALLE BLVD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Robin, Santo 3441 SW 14 Street Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. HAWKES 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. Jose ph Shantal #711 7930 Hampton Blvd N. Lauder FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. Nardor Joseph 7777 Coral Blvd Miramar FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. Menarde Loxton 1317 NW 8 Ave Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Henock Joseph</u> <u>HENOCK JOSEPH</u> <u>5/20/12</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS</small>							