

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000006499

FILED
Jan 17, 2012
Secretary of State

Entity Name: ASSEMBLEE EVANGELIQUE POUR CHRIST, INC.

Current Principal Place of Business:

409 SE SKIPPER LANE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

409 SE SKIPPER LN
PT ST LUCIE, FL 34983

Current Mailing Address:

409 SE SKIPPER LANE
PORT ST LUCIE, FL 34983

New Mailing Address:

P.O. BOX 51
FORT PIERCE, FL 34954

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROCHES, ODIL
409 SE SKIPPER LANE
PORT ST LUCIE, FL 34983 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: ODILE DEROCHES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEROCHES, ODIL
Address: 409 SE SKIPPER LN
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP
Name: JEAN BAPTISTE, DANIEL
Address: 5214 NW RUGBY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP
Name: JEAN BAPTISTE, LINDA V
Address: 4523 WHISPERING PINES
City-St-Zip: FORT PIERCE, FL 34983

Title: VP
Name: BORGELLA, MARIE SOLANGE
Address: 409 SE SKIPPER LANE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S
Name: LAROSE, MARIE E
Address: 604 NORTH 14TH ST
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: ODILE DEROCHES

P

01/17/2012

Electronic Signature of Signing Officer or Director

Date