

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000010357

**FILED**  
**Nov 09, 2011**  
**Secretary of State**

**Entity Name:** FRATERNITY FAMILY WORSHIP CENTER , INC

**Current Principal Place of Business:**

4350 NW 32 STREET  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

4350 NW 32 STREET  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ODICLAIR, JOSEPH  
3940 NW 31 TERRACE  
LAUDERDALE LAKES, 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: ODICLAIR JOSEPH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOSEPH, ODICLAIR PASTOR  
Address: 3940 NW 31 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: VP  
Name: PIERRE, JUNIE  
Address: 2640 NW 44 TERRACE  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VP  
Name: FERDINAND, ROSE D  
Address: 2925 NW 5 AVE # 2  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VP  
Name: SENEQUE, GLADYS  
Address: 321 NW 43 STREET  
City-St-Zip: OAKLAND PARK, FL 33309 US

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: ODICLAIR JOSEPH

P

11/09/2011

Electronic Signature of Signing Officer or Director

Date