

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000000880

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** PATCHING POCKETS MINISTRIES INC

**Current Principal Place of Business:**

1217 W 23RD ST  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9652  
RIVIERA BEACH, FL 33419

**New Mailing Address:**

**FEI Number:** 27-4673855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VEREEN, SHARON  
1217 W 23RD ST  
RIVIERA BEACH, FL 33404 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:** SHARON VEREEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** VEREEN, SHARON  
**Address:** 1217 W 23 ST  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** T  
**Name:** VEREEN-THOMAS, SHARRIE  
**Address:** 1217 W 23RD ST  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** VP  
**Name:** BYNUM-CLAY, MARY  
**Address:** 411 5TH PLACE NW  
**City-St-Zip:** VERNON, AL 35592

**Title:** VP  
**Name:** MACK, DONNA  
**Address:** 461 C KIRK RD  
**City-St-Zip:** WEST PALM BEACH, FL 33407

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:** SHARON VEREEN

P

10/10/2013

Electronic Signature of Signing Officer or Director

Date