

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011218

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Entity Name:** THE ORLANDO DISTRICT AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

6423 JACKWOOD COURT  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

2448 MARY JEWETT CIRCLE  
WINTER HAVEN, FL 33881 US

**Current Mailing Address:**

P.O. BOX 680565  
ORLANDO, FL 32868 US

**New Mailing Address:**

P.O. BOX 3615  
WINTER HAVEN, FL 33885 US

**FEI Number:** 45-3964997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POSTELL, HENRY L II  
6423 JACKWOOD COURT  
ORLANDO, FL 32818 US

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

HOUSTON, VALARIE J  
2448 MARY JEWETT CIRCLE  
WINTER HAVEN, FL 33881 US

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: VALARIE J. HOUSTON

10/09/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PE  
Name: HOUSTON, VALARIE J  
Address: 2448 MARY JEWETT CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DC  
Name: KEYS, SYBIL  
Address: 2448 MARY JEWETT CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33881

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: VALARIE J. HOUSTON

PE

10/09/2014

Electronic Signature of Signing Officer or Director

Date