2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N25260

FILED Oct 05, 2007 Secretary of State

Entity Name: EGLISE BAPTISTE BETHANIE DE FT. LAUDERDALE, INC.

Current Principal Place of Business: New Principal Place of Business: 2200 NW 12 AVENUE FT. LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 2200 NW 12 AVENUE FT. LAUDERDALE, FL 33311 FEI Number: 65-0038136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: USLER, AUGUSTE USLER, AUGUSTE 4521 NW 5TH PLACE 2200 NW 12 AVENUE FORT LAUDERDALE, FL 33311 US PLANTATION, FL 33317 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: U. AUGUSTE 10/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition AUGUSTE,, USLER Name: Name: 4521 NW 5TH PL. Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition NORD,, VERDIEU Name: Name: Address: 3681 SW KASIN STREET Address: City-St-Zip: PORT ST-LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition ST- REMY,, ANDY Name: Name: 4961 CYPRESS LANE Address: Address: City-St-Zip: COCONNUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MONDESIR, ELINA Name: 467 CORAL AVE. SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: () Delete Title: (X) Change () Addition JEUDY, IRMA JEUDY, IRMA Name: Name: 824 NW 103 STREET 824 NW 103 STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33150 Title: () Delete Title: () Change () Addition JOSEPH. ERTA Name: Name: Address: 1219 NW 18 STREET Address: FORT LAUDERDALE, FL 33311 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: U. AUGUSTE P 10/05/2007