2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N26782

Entity Name: EGLISE EBEN-EZER DE LA PENTECOSTAL, INC.

Current Principal Place of Business:

13645 TAMIAMI TRAIL
UNIT A
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

4410 TARGEE AVENUE
NORTH PORT, FL 342874221 US

New Mailing Address:

FEI Number: 65-0120343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NUMA, PREVOIT REV
4410 TARGEE AVENUE
NORTH PORT, FL 34287 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: REV.,PREVOIT NUMA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NUMA, PREVOIT (REV)	
Address:	4410 TARGEE AVENUE	
City-St-Zip:	NORTH PORT, FL 342874221	
Title:	SD	( ) Delete
Name:	ETENNE, CHIMENE	
Address:	625 SOUTHWEST 11TH AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	TD	( ) Delete
Name:	YVES, POLYCARPE	
Address:	4401 NW 23 COURT.	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	BM	( ) Delete
Name:	MOISE, WILNER REV	
Address:	20526 EDGEWATER	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	BM	( ) Delete
Name:	ACCIME, SERGE	
Address:	6228 DANDURAND AVE	
City-St-Zip:	NORTH PORT, FL 34291	
Title:	BM	( ) Delete
Name:	GUERRIER, WESNER	
Address:	P.O. BOX 380131	
City-St-Zip:	MURDOCK, FL 33938	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: NUMA PRES 09/29/2009
Electronic Signature of Signing Officer or Director — Date