

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

DOCUMENT# N30748

**FILED**  
**Nov 25, 2014**  
**Secretary of State**

**Entity Name:** JESUS MIRACLE CHAPEL INC.

**Current Principal Place of Business:**

9090 E. IRLO BRONSON HWY  
ST. CLOUD, FL 34773

**New Principal Place of Business:**

**Current Mailing Address:**

9090 E. IRLO BRONSON HWY  
ST. CLOUD, FL 34773

**New Mailing Address:**

**FEI Number:** 65-0089939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOFFMAN, LEE  
9090 E. IRLO BRONSON HWY  
ST. CLOUD, FL 34773 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:** LEE HOFFMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HOFFMAN, LEE  
**Address:** 9090 E IRLO BRONSON HWY  
**City-St-Zip:** ST. CLOUD, FL 34773

**Title:** DVP  
**Name:** LUND, MARK  
**Address:** 1053 LOUISIANA AVENUE  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** DST  
**Name:** LUND, DENISE  
**Address:** 1053 LOUISIANA AVENUE  
**City-St-Zip:** SEBASTIAN, FL 32958

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:** LEE HOFFMAN

DP

11/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date