2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N37954

FILED Nov 12, 2008 Secretary of State

Entity Name: THE CHURCH OF THE ROCK "JESUS CHRIST", INC.

Current Principal Place of Business: New Principal Place of Business: 22400 S W 112 AVENUE GOULDS, FL 33170 **Current Mailing Address: New Mailing Address:** P O BOX 570706 MIAMI, FL 33257 US FEI Number: 65-0241989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: LUDOVICI, EDWARD P. 17415 S. DIXIE HWY MIAMI, FL 331575420 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: BARBARA BROUSSARD 11/12/08 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROUSSARD, BARBARA J, . Name: Name: 14841 PIERCE STREET Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: () Delete Title: Title: () Change () Addition MCDOWELL, CEDRIC RYAN Name: Name: Address: 10774 SW 225 STREET Address: City-St-Zip: GOULDS, FL 33170 City-St-Zip: Title: () Delete Title: () Change () Addition LEVELL, ANITA Name: Name: 15374 SW 284 ST #157 Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RUSSELL, REBECCA Name: Address: 25601 SW 133 CT Address: City-St-Zip: NARANJA, FL 33032 City-St-Zip: Title: () Delete Title: () Change () Addition MCKNIGHT, ROY, Name: Name: 22535 SW 113 CT Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: Title: () Delete Title: () Change () Addition BROOKS, PAMELA Name: Name: Address: 10836 SW 226 ST. Address: MIAMI, FL 33170 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: BARBARA BROUSSARD PRES 11/12/2008