

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N39386

FILED
Sep 30, 2010
Secretary of State

Entity Name: HAITIAN EVANGELICAL BAPTIST CHURCH OF HOMESTEAD, INC.

Current Principal Place of Business:

344 W MOWRY ST
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

344 W MOWRY ST
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALFREIDE, JEAN FRANK REV
545 NW 22 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ALFREIDE, JEAN F PASTOR
545 NW 22 ST
HOMESTEAD, FL 33030 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: JEAN F. ALFREIDE

09/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ALFREIDE, JEAN F
Address: 545 NW 22 ST.
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D
Name: ALFREIDE, MULADIEU
Address: 30611 SW 157 AVE
City-St-Zip: LEISURE CITY, FL 33033 US

Title: TD
Name: EUGENE, MURATEL
Address: 145 S.W. 293RD ST
City-St-Zip: HOMESTEAD, FL 33033 US

Title: M
Name: ALFREIDE, MARIE NICOLE
Address: 545 NW 22 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: M
Name: DORDOLLE, SAINTILUS
Address: 14895 S W 304 TER
City-St-Zip: HOMESTEAD, FL 33033 US

Title: SD
Name: LOUIS SAINT, ALIX
Address: 14541 SW 297 ST
City-St-Zip: LEISURE CITY, FL 33033 US

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: JEAN F ALFREIDE

REV

09/30/2010

Electronic Signature of Signing Officer or Director

Date