2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41228

FILED Sep 27, 2006 Secretary of State

Entity Name: IMMOKALEE CHURCH OF THE NAZARENE INC. **Current Principal Place of Business: New Principal Place of Business:** IMMOKALEE CHURCH OF THE NAZARENE 410 COLORADO AVE S IMMOKALEE, FL 34142 **New Mailing Address: Current Mailing Address:** IMMOKALEE CHURCH OF THE NAZARENE 410 COLORADO AVE S IMMOKALEE, FL 34142 US FEI Number: 65-0260414 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: **RUTH B. SAINARILUS** ANGERVIL ELKIM 1122 IORESTER AVE. 130-4 VIREOS WAY IMMOKALEE, FL 34142 US IMMOKALEE, FL 34142 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: ELKIM ANGERVIL 09/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PAUL, J. CASNEL, (RE, V) Name: Name: Address: 6400 NE MIAMI CT Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: SAINVILUS, RUTH B Name: ANGERVIL, ELKIM Address: 1103 HICKORY LN Address: 130-4 VIREOS WAY City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142 Title: SD () Delete Title: () Change () Addition PAUL, FIAVEL Name: Name: Address: 1014 RINGO LANE Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN CASNEL PAUL (REV) D 09/27/2006