

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 05, 2011  
Secretary of State**

DOCUMENT# N41711

Entity Name: NEW FELLOWSHIP CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

240 BAHMAN AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 540926  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0220051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LARKIN, JIMMYE F DR  
2011 NW 151ST STREET  
OPA LOCKA, FL 33054      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: JIMMYE LARKIN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LARKIN, JIMMYE F DR  
Address: 2011 NW 151ST STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD  
Name: COLEY, RALPH  
Address: 3480 NW 208 TERRACE  
City-St-Zip: CAROL CITY, FL

Title: DR  
Name: LARKIN, DERRICK  
Address: 2038 NW 152 STREET  
City-St-Zip: MIAMI GARDENS, FL 33054

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: JIMMYE LARKIN

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

PD

01/05/2011

\_\_\_\_\_  
Date