2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# N43787

Entity Name: FAITH CHURCH OF THE NAZARENE OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

1400 NE 5TH AVENUE
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1400 NE 5TH AVENUE
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 59-1572929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

JASMIN, ANTOINE J
1400 NE 5TH AVE.
FT. LAUDERDALE, FL 33304 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: ANTOINE J JASMIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLEBERT, NOEL
Address: 1124 NW 19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: MATHURIN, AMBROISE
Address: 1027 NW 5TH AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: JOSEPH, EUNICE
Address: 3100 NW 19TH ST. APT. 202
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: SIMON, ARNOLD
Address: 171 NE 31ST STREET.
City-St-Zip: POMPANO BCH, FL

Title: D ( ) Delete
Name: KERSUZAN, PIERROT
Address: 590 SW 27TH AVE 11
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SAINSMYR, ALFEX
Address: 1400 NE 5 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ANTOINE J JASMIN RA 10/06/2009
Electronic Signature of Signing Officer or Director — Date