

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N50190

Entity Name: GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC.

Current Principal Place of Business:

10705 SW 216TH ST.
UNIT #214
GOULDS, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 96
GOULDS, FL 33170 US

New Mailing Address:

FEI Number: 59-2824419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ALICE
22365 SW 112TH PLACE
GOULDS, FL 33170 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: ALICE ADAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, ALICE
Address: 22365 SW 112 PLACE
City-St-Zip: MIAMI, FL 33170

Title: VC () Delete
Name: TRANSTEM, JAMES B
Address: 2375 SE 7 PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: C () Delete
Name: WILLIAMS, CHARLES
Address: 10720 SW ST
City-St-Zip: MIAMI, FL 33170

Title: S () Delete
Name: DANIEL, CLARA PASTOR
Address: 10730 SW 217TH STREET
City-St-Zip: MIAMI, FL 33170

Title: T () Delete
Name: BROUSSARD, BARBARA
Address: 14841 PIECE ST.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: EVERETT, MAE
Address: 16243 SW 107TH AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C (X) Change () Addition
Name: WILLIAMS, CHARLES
Address: 10720 SW 218TH ST
City-St-Zip: MIAMI, FL 33170

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

Title: T (X) Change () Addition
Name: ANDERSON, EVELYN
Address: 9760 SW 167TH ST.
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
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: CHARLIE WILLIAMS

C

01/12/2007

Electronic Signature of Signing Officer or Director

Date