

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

DOCUMENT# N93000003362

**Entity Name:** LIGHTHOUSE HOLINESS REHOBOTH SEVENTH DAY SABBATH CHURCH, INC.

**Current Principal Place of Business:**

CHURCH  
CHURCH  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

16354 SW 15 STREET  
HOME  
PEMBROKE PINE, FL 33027 US

**New Mailing Address:**

**FEI Number:** 65-9029116      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARRETT, LETORA A REV  
16354 SOUTHWEST 15 STREET  
PEMBROKE PINES, FL 33027 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: REV. LETORA A BARRETT

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BARRETT, LETORA REV  
Address: 16354 S.W. 15 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D      ( ) Delete  
Name: HESSING, LINVAL  
Address: 6530 SW 8TH ST  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: HENRY, M LANSLEY R  
Address: 967 NE 145TH ST  
City-St-Zip: N MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: LINVAL HESSING

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

D

10/24/2006

\_\_\_\_\_  
Date