


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001647	
1. Entity Name PENUEL EVANGELICAL CHURCH OF DELRAY BEACH, INC.	

FILED

07 NOV -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4243 SABAR LAKE ROAD DELRAY BEACH, FL 33445 US	Mailing Address 724 AVENUE CHAUMONT DELRAY BEACH, FL 33445 US
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2. Principal Place of Business - No P.O. Box # 4243 SABAR LAKE Rd Suite, Apt. #, etc.	3. Mailing Address 724 AVENUE CHAUMONT Suite, Apt. #, etc.
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1022-807-1000 **REINSTATEMENT** (1/07) **07**

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33445	Country Palm Beach

4. FEI Number 65-0534382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ELMEUS, MODESTIN PASTOR 724 AVENUE CHAUMONT DELRAY BEACH, FL 33445	
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7. Name and Address of New Registered Agent Name Modestine Elmeus Pastor Street Address (P.O. Box Number is Not Acceptable) 2555 SW 14th St City Boynton Beach FL Zip Code 33426	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Modestine Elmeus Pastor DATE 10/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELMEUS, MODESTIN PASTOR 724 AVENUE CHAUMONT DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor. ELMEUS Modestine 2555 S.W 14th Street Boynton Bch FL 33426. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENOL, WILIFRED 2339 LINTON RIDGE CIR. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500112074335 11/07/07--01024--005 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERSONNEL, VINCINT 514 S. RIDGE ROAD DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTIN, ELMIUS 623 SW 6TH AVENUE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELUS, LUCIENNE 106 CENTRAL AVENUE DELRAY BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORD, MELIRAT 919 NW 8TH STREET BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MODESTINE ELMEUS DATE 10/24/07 ^{SH} 999-3063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #