

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000006898 1. Entity Name THE ETERNAL GUIDING LIGHT FAITH MINISTRIES AND COMMUNITY DEVELOPMENT CORPORATION, INC.						FILED 04 NOV 19 AM 11:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2420 NW 6 ST POMPANO BEACH, FL 33069 US				Mailing Address P.O. BOX 666836 POMPANO BEACH, FL 33066			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
8. Name and Address of Current Registered Agent MCCLEOD, GARY B 2420 NW 6 ST POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
4. FEI Number 65-0798165 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Darryl B. Myler</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 11-15-04 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERICO, CHARLES 2551 NW 5TH ST. POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900042904839 11/19/04--01054--017 **61.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, WALTER 1250 NW 27 AVE. POMPANO BEACH, FL 33069 <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 BYNUM, JANICE 2413 NW 6 STREET POMPANO BEACH, FL 33069 <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 JACKSON, JOYCE 360 NW 14 STREET POMPANO BEACH, FL 33060 <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 TALTON, JOHNNY L 2651 NW 2 STREET POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> AR 11/24 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHOENIX, PAMELA 5910 N.E. 1ST AVE. FORT LAUDERDALE, FL 33334 <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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.							
SIGNATURE: <i>Pamela Phoenix</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <div> 11-17-04 <small>Date</small> </div> <div> 954-977-7490 <small>Daytime Phone #</small> </div> </div>			