2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003447

Oct 29, 2009 Secretary of State

Entity Name: CHURCH OF THE BRIDE OF JESUS CHRIST, INC

Current Principal Place of Business: New Principal Place of Business:

3900 29TH ST 3900 39TH ST

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

15259 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470

FEI Number: 31-1671144 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: Name and Address of New Registered Agent:

THEODORE, NOE 15259 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470 US

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: NOE THEODORE Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete THEODORE, NOE THEODORE, NOE Name: Name:

15259 OKEECHOBEE BLVD Address: 15259 OKEECHOBEE BLVD Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470

Title: Title: () Delete () Change () Addition

THEODOR, FRANCNER Name: Name: Address: 10304 PIPPIN LN Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip:

Title: () Delete Title: VP/D (X) Change () Addition ST-JOAS, YVES ILOMANE, THEODORE Name: Name: 5989 QUAIL DR APT#4 Address: Address: 15259 OKEECHOBEE BLVD City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: LOXAHATCHEE, FL 33470

Title: S/D () Delete Title: (X) Change () Addition

Name: NARASSE, JEANNETTE Name: NARASSE, JEANNETTE 5201 #B WALLIS RD. Address: 5201 #B WALLIS RD. Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Delete Title: (X) Change () Addition THEODORE, ILOMANE J THEODORE, ILOMANE J Name: Name:

15259 OKEECHOBEE BLVD 15259 OKEECHOBEE BLVD Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete Title: () Change () Addition

ATUS, ORIENTAL Name: Name: Address: 6584 N PRIMIUM Address: LAKEWORTH, FL 33463 City-St-Zip: 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: NOE THEODORE P/S 10/29/2009