2008 NOT-FOR-PROFIT CORPORATION REIDSTATEMENT

201 N. 68TH TERRACE Suite Acti. File. Suite Acti.		112151011,	2. —					·		
851 WORKAND PARK BLVD 2. Principal Pace of Business - No P.O. Biox # 201 N. 687H TERRACE 201 N. 687H TERR	1. Entity Nam	ie PENTECOSTAL CHURCH :	E							
201 N. 68TH TERRACE Suite, Apf. In Sec. Suite, Ap	851 W OAKL				ani esak sekit sekik sekik s	1110 BIRL GENE BIRLS (PIE				
HOLLYWOOD, FL 330.22 HOLLYWOOD, FL 65-0954044 No. Applicable 20 30.22 BROWARD S. Continguate of Status Desired 20 Sa.75 Academia Fear Required Agent 7. Name and Address of New Registered New Regis	201 N. 68TH TERRACE 201 N.68TH			TERRACE			_			
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addre	HOLL	YWOOD, FL 3302 2	HOLLYWOOD					No	t Applicable	
FRANCOIS, JEAN P Street Address (P.O. Box Number is Not Acceptable) 201 N .68TH TERRACE City HOLLYWOOD FL ZP. 2300 22 8. The above named entry submits this start with it in a purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of predictions of p		2 BROWARD	33022	•				Fee Required		
PEMBROKE PINES, FL 33024 201 N .68TH TERRACE City HOLL/WOOD FL Zp Code 33022 8. The above named early submits this statement fill me purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of the property of the collegations of the property of the property of the collegations of the property of	FRANCOIS, JEAN P					_				
A. The above names only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligation, or predictive agent. Signature predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of predictive agent. State of Florida I am familier with, and accept the obligation of the obl										
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SIGNATURE Signature hyperor or prime failed in registered Agent signature required when reinstating) DATE	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									
After January 1, 2009, Fee will be \$297.50 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE PDC Delete FRANCOIS, JEAN P THE NAME STREET ADDRESS THE NAME STRE	SIGNATURE Land - May 1 - Mall Jun Francois, president /PA 11/24/08									
TITLE PDC PRANCOIS, JEAN P STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33022 PEMBROKE PINES, FL 33024 PEMBROKES, CITY-S1-ZIP PINES,										
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NAME STREET ADDRESS CITY-ST-ZIP UNION, NJ 07083 12. I hereby certify that the information supplied with this fling 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 employmental 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.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISNADY, MARIE F 7778 KISMET ST	□ Delete	NAME STREET ADDRESS	ISN 777 MIR	8 KISMET ST	r	⊠ Change	☐ Addition	
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.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	MAR 31 UNI	GROVE RD ON, NJ 0708	83			
SIGNATURE: Date 11-24-9263	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.									
	SIGNAT		PINTED NAME OF SIGNING OFFICER C	OR DIRECTOR	P	Will M-	373 11-24.	- 464 - 3 - Oste Phone #	1263	