2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#718179

FILED Sep 24, 2007 Secretary of State

Entity Name: FIRST DELIVERANCE FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 2683 N.W. 65TH ST. MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** 1531 NW 84 STREET MIAMI, FL 33147 FEI Number: 23-0871819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: EVERETT, MILDRED 1531 N.W. 84TH ST. MIAMI, FL 33147 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: MILDRED EVERETT Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EVERETT, MILDRED Name: Name: Address: 1531 NW 84 STREET Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, EMILY Name: Name: Address: 9315 NW LITTLE RIVER BLVD Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBINSON, ELLENETTE Y Name: MILLER, EVELYN Name: 1531 NW 84TH ST. 20601 NW 23RD CT Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: () Change () Addition KING, CLAUDETTE Name: Name: 6150 NW 13 AVE Address: Address: City-St-Zip: MIAMI, FL 33147 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: EVELYN MILLER T 09/24/2007