

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008787

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** CHRISTIAN DELIVERANCE OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

1007 S SANFORD AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1007 S SANFORD AVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 74-3029238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENNIS, KARIN  
210 S. LAUREL AVENUE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

PARKS, NETTIE J  
815 E 9TH ST  
SANFORD, FL 32771 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: NETTIE PARKS

03/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARKS, RICKEY  
Address: 1000 E 9TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: PD  
Name: PARKS, CRAIG  
Address: 1301 E MCINTOSH RD  
City-St-Zip: GRIFFIN, GA 30223

Title: D  
Name: PARKS, NETTIE J  
Address: 1000 E 9TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: PARKS, NETRICKA  
Address: 1000 E 9TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: PD  
Name: SAMUEL, HARDY  
Address: 1007 S SANFORD AVE  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: RICKEY PARKS

D

03/13/2011

Electronic Signature of Signing Officer or Director

Date