

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005106

FILED
Oct 27, 2004
Secretary of State**Entity Name:** WORLD DELIVERANCE MINISTRIES, INC.**Current Principal Place of Business:**14501 NORTHWEST 7TH AVENUE
MIAMI, FL 33168**New Principal Place of Business:****Current Mailing Address:**14501 NORTHWEST 7TH AVENUE
MIAMI, FL 33168**New Mailing Address:****FEI Number:** 32-0082354 **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:**LONG, HAROLD JR.
99 NORTHWEST 183RD STREET
SUITE 127
NORTH MIAMI BEACH, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ROBINSON, CARMEOLA
Address: 14501 NORTHWEST 7TH AVENUE
City-St-Zip: MIAMI, FL 33168**Title:** VD () Delete
Name: ROBINSON, DESIREE
Address: 14501 NORTHWEST 7TH AVENUE
City-St-Zip: MIAMI, FL 33168**Title:** STD () Delete
Name: COX, RUTH
Address: 14501 NORTHWEST 7TH AVENUE
City-St-Zip: MIAMI, FL 33168**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEOLA ROBINSON

PD

10/27/2004

Electronic Signature of Signing Officer or Director

Date