

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007368

FILED
Mar 29, 2010
Secretary of State

Entity Name: GOD OF DELIVERANCE BAPTIST MINISTRIES, INC.

Current Principal Place of Business:

16012 NW 27 AVE
MIAMI, FL 33054

New Principal Place of Business:

16012 NW 27 AVE
MIAMI GARDENS, FL 33054

Current Mailing Address:

16340 NW 18TH PLACE
MIAMI, FL 33054

New Mailing Address:

16340 NW 18TH PLACE
MIAMI GARDENS, FL 33054

FEI Number: 51-0591730 **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:

ATHOURISTE, LUC PASTOR
16340 NW 18TH PLACE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

ATHOURISTE, LUC PASTOR
16340 NW 18TH PLACE
MIAMI GARDENS, FL 33054 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: MR. BIAMBI ROGER

03/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ATHOURISTE, LUC
Address: 16340 NW 18TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: DV
Name: GRESSEAU, IRMMACULA
Address: 1251 NE 150 ST
City-St-Zip: N. MIAMI, FL 33167

Title: DV
Name: JOSEPH, CYNTHIA
Address: 5214 NW 190 ST
City-St-Zip: MIAMI, FL 33055

Title: DT
Name: ATHOURISTE, LEA
Address: 16340 NW 18 PL
City-St-Zip: MIAMI GARDENS, FL 33054

Title: DS
Name: PAILLANT, MARISE
Address: 1551 NE 167 ST (APT=801)
City-St-Zip: N MIAMI BEACH, FL 33167

Title: DS
Name: CHARLES, MAXEN
Address: 7525 CLEVELAND ST
City-St-Zip: PEMBROKE P., FL 33022

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: LEA ATHOURISTE

DT

03/29/2010

Electronic Signature of Signing Officer or Director

Date