2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#715414

FILED Oct 21, 2009 Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD OF DELAND, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1500 E. IN DELAND,		AL SPEEDWAY BLVD.			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1500 E. IN DELAND,		AL SPEEDWAY BLVD.			
FEI Number:	: 59-6224702	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
MODICA, I 4390 GRA DELTONA	MICHAEL NT ST , FL 32725	US			
	named entity e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: MICHAE	L MODICA			
	Electro	nic Signature of Registered A	Agent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD (MODICA, MICH 4390 GRANT S DELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (YOUNGQUIST 2393 OAK PAF DELAND, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (HAWKINS, CA 891 CRITTENI ORANGE CITY	DEN AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CRUZ, ROBEF 132 W. VOORI DELAND, FL (HIS AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RYLE, JAMES) Delete DOD HAMMOCK RD FL 32722	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	JOHNSON, CH) Delete AD A CAPRI CIRCLE	Title: Name: Address:	() Change () Addition	

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: RALPH YOUNGQUIST DT 10/21/2009