

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 736380

FILED
Oct 07, 2008
Secretary of State

Entity Name: THE FULL DELIVERANCE CHURCH OF JESUS, INC.

Current Principal Place of Business:

921 W. BENTLEY STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 550906
ORLANDO, FL 328550906

New Mailing Address:

FEI Number: 59-3161895 **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:

FREEMAN, WOODY E.
1405 ROCKLAKE DR.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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: WOODY FREEMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREEMAN, WOODY,
Address: 1405 ROCKLAKE DRIVE
City-St-Zip: ORLANDO FL,

Title: VD () Delete
Name: WRIGHT, WILLIE D.,
Address: 108 HOPE CIRCLE
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: FREEMAN, ELLA M
Address: 1405 ROCKLAKE DRIVE
City-St-Zip: ORLANDO FL,

Title: D () Delete
Name: SHAW, MARTHA
Address: 2000 W. LIVINGSTON STREET
City-St-Zip: ORLANDO FL,

Title: SD () Delete
Name: THOMAS, ETTA
Address: 2414 WILLIE MAYS PARKWAY
City-St-Zip: ORLANDO FL,

Title: TD () Delete
Name: HALL, MAGGIE
Address: 3256 W. SOUTH STREET
City-St-Zip: ORLANDO, FL

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:

Title: () Change () Addition
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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 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: WOODY FREEMAN

PD

10/07/2008

Electronic Signature of Signing Officer or Director

Date