

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747709

FILED
Oct 11, 2007
Secretary of State

Entity Name: FAITH FULL DELIVERANCE TEMPLE, INC.

Current Principal Place of Business:

769 NW 111TH ST.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681178
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1915134 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:

Name and Address of New Registered Agent:

GRAZZAL, WHITFIELD REV
13660 NW 2ND AVE
NORTH MIAMI, FL 33168 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. WHITFIELD GRAZZAL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAZZAL, WHITFIELD REV
Address: 13660 NW 2ND AVE.
City-St-Zip: N MIAMI, FL 33168

Title: AP () Delete
Name: COOKE, EVANGELIST H
Address: 1411 NW 112 STREET
City-St-Zip: MIAMI, FL 33167

Title: T () Delete
Name: GRAZZAL, MISSIONARY F
Address: 13660 NW 2ND AVE.
City-St-Zip: N MIAMI, FL 33168

Title: S () Delete
Name: WELCH, ROE-MARIE
Address: 550 N.W. 186 STREET
City-St-Zip: MIAMI, FL 33169

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
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: MRS. ROSE-MARIE WISDOM

SECR

10/11/2007

Electronic Signature of Signing Officer or Director

Date