

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED


05 OCT 18 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05



10112005 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # 763004</b>					
1. Entity Name <b>ORLANDO DELIVERANCE EVANGELISTIC ASSOCIATION, INC</b>					
Principal Place of Business <b>4158 COLUMBIA STREET ORLANDO, FL 32811</b>			Mailing Address <b>4158 COLUMBIA STREET ORLANDO, FL 32811</b>		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>			
City & State <i>Same as above</i>		City & State <i>Same as above</i>		4. FEI Number <b>05-0171200</b>	
Zip <b>32811</b>		Country <i>Orange</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GAMBLE, HARZELL 3716 WILTS ST. ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City <i>N/A</i> FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Harzell M. Gamble</i> <i>Harzell M. Gamble</i> 10/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be <i>\$122.50</i> <i>waived</i>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBLE, REV. HARZELL 3716 WILTS ST ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060696487 10/18/05--01011--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMBLE, CHARLIE J. 3716 WILTS ST ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, HORACE 4968 LESCOT LANE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICKENS, LOUISE 3641 MEADOW LAKE LANE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROY 2904 HEARTHSTONE WAY ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TORIS K. RT. 7, BOX 481-B ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Harzell M. Gamble</i>			10/13/05 (407) 299-2714		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		