

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004365

FILED  
Nov 05, 2008  
Secretary of State

**Entity Name:** THE A.C.O.J. NEW LIFE & DELIVERANCE MINISTRIES, INTL. DEVELOPMENTAL CENTER, INC.

**Current Principal Place of Business:**

2140 N.W. 2ND STREET  
POMPAÑO BEACH, FL 33069

**New Principal Place of Business:**

2101 N.W. 2ND STREET  
POMPAÑO BEACH, FL 33069

**Current Mailing Address:**

P.O. BOX 668566  
POMPAÑO BEACH, FL 33066 US

**New Mailing Address:**

**FEI Number:** 26-3664391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

JENKINS, ALEX L SR  
312 N.W. 17TH AVENUE  
POMPAÑO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

JENKINS, ALEX L SR  
2101 N.W. 2ND STREET  
POMPAÑO BEACH, FL 33069 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: ALEX L JENKINS

11/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JENKINS, ALEX L SR  
Address: P.O. BOX 668566  
City-St-Zip: POMPAÑO BEACH, FL 33066

Title: D ( ) Delete  
Name: JENKINS, LATRINA W DR  
Address: P.O. BOX 667215  
City-St-Zip: POMPAÑO BEACH, FL 33066

Title: S ( ) Delete  
Name: DAWKINS, SHANNON S  
Address: 907 N POWERLINE RD  
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: D ( ) Delete  
Name: JENKINS, ALEX L II  
Address: 1700 N.W. 6TH AVE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: D ( ) Delete  
Name: WARD, LORETTA  
Address: 1700 N.W. 6TH AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: D ( ) Delete  
Name: WARD, EDDIE B  
Address: 1700 N.W. 6TH AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DAWKINS, SHANNON S  
Address: 907 N POWERLINE RD  
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: S (X) Change ( ) Addition  
Name: OLIVER, CONNIE  
Address: 1700 N.W. 6TH AVE  
City-St-Zip: POMPAÑO BEACH, FL 33060

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: ALEX L JENKINS

P

11/05/2008

Electronic Signature of Signing Officer or Director

Date