

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004225

FILED
Jan 27, 2009
Secretary of State

Entity Name: FAITH DELIVERENCE TABERNACLE MINISTRIES, INC.

Current Principal Place of Business:

220 MILL CREEK RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

11025 KEY HAVEN BLVD
JACKSONVILLE, FL 3218

Current Mailing Address:

220 MILL CREEK RD.
JACKSONVILLE, FL 32211

New Mailing Address:

11025 KEY HAVEN BLVD
JACKSONVILLE, FL 3218

FEI Number: 52-2315015 **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:

GRANT, THOMAS E
10135 GATE PARKWAY NORTH #1708
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

GRANT, THOMAS E
8723 BAYMEADOWS ROAD EAST
706
JACKSONVILLE, FL 32256 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: THOMAS E. GRANT, JR

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, THOMAS E
Address: P.O. BOX 16191
City-St-Zip: JACKSONVILLE, FL 32245

Title: D () Delete
Name: GRANT, TWANDA R
Address: P.O. BOX 16191
City-St-Zip: JACKSONVILLE, FL 32245

Title: D () Delete
Name: SNYPE, MICHELLE L
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Delete
Name: SNYPE, MAURICE
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Delete
Name: BROOKS, MARY L
Address: 6745 ORKNEY RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: GRANT, THOMAS E
Address: 8723 BAYMEADOWS ROAD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: GRANT, TWANDA R
Address: 8723 BAYMEADOWS ROAD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: SMITH-ROBERTS, MELANICE L
Address: 11025 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218

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: MELANICE L SMITH-ROBERTS

MRS

01/27/2009

Electronic Signature of Signing Officer or Director

Date