2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2006
Secretary of State

DOCUMENT# N01000005472

Entity Name: CONSUMING FIRE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2170 PRINCETON STREET
SARASOTA, FL 34237

New Principal Place of Business:

1844-17TH STREET
SARASOTA, FL 34234

Current Mailing Address:

2170 PRINCETON STREET
SARASOTA, FL 34237

New Mailing Address:

1844-17TH STREET
SARASOTA, FL 34234 US

FEI Number: 65-1124883 **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:

DAVIS, ALPHONSO
1519-COUNT NICHLAS COURT
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

DAVIS, ALPHONSO
4099-SOUTHWELL WAY
SARASOTA, FL 34230 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: ALPHONSO DAVIS 10/26/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVIS, ALPHONSO
Address: 1519-COUNT NICHOLAS COURT
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: DAVIS, DOROTHY
Address: 1519- COUNT NICHOLAS COURT
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: DAVIS, ANNIE L
Address: 308 23RS STREET EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DAVIS, ALPHONSO
Address: 4099-SOUTHWELL WAY
City-St-Zip: SARASOTA, FL 34230

Title: D (X) Change ( ) Addition
Name: DAVIS, DOROTHY
Address: 4099-SOUTHWELL WAY
City-St-Zip: SARASOTA, FL 34230

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALPHONSO DAVIS D 10/26/2006
Electronic Signature of Signing Officer or Director — Date