2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# N01000006899

Entity Name: THE DELIVERANCE HOLY TEMPLE, INC.

Current Principal Place of Business:

202 N.W. 9TH AVE.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

202 N.W. 9TH AVE.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 03-0435160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ROBERT L PASTOR
202 N.W. 9TH AVE.
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: ROBERT L. SMITH, PASTOR
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SMITH, ROBERT L	
Address:	1132 AVENUE D	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	S	( ) Delete
Name:	SMITH, PATRICIA	
Address:	1132 AVENUE D	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	LEE, KAREN	
Address:	202 NW 9TH AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	S	( ) Delete
Name:	HILL, JOYCE	
Address:	202 NW 9TH AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	T	( ) Delete
Name:	SMITH, ROTRICE F	
Address:	5015 WINTER GARDEN PARKWAY	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	S	( ) Delete
Name:	SMITH, RONAYA LAFAYE	
Address:	202 N.W. 9TH AVE.	
City-St-Zip:	BOYNTON BEACH, FL 33435	

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:	
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: ROBERT L. SMITH PAST 10/29/2008
Electronic Signature of Signing Officer or Director — Date