

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 14 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008707

1. Corporation Name

LIFE-CHANGING DELIVERANCE MINISTRIES, INC.

Principal Place of Business

13030 NW 20 AVE
MIAMI FL 33167

Mailing Address

13030 NW 20 AVE
MIAMI FL 33167

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

81-0549654

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SAMUELS, JOYCE D PASTOR	13030 NW 20 AVE	MIAMI FL 33167
TRUS	SAMUELS, JIMMY	13030 NW 20 AVE	MIAMI FL 33167
ST	GLENN, BRIDGETTE	13030 NW 20 AVE	MIAMI FL 33167
TRUS	COUNCIL, LISA	13030 NW 20 AVE	MIAMI FL 33167
Trustee	Myra Rambo	10980 S.W. 154 th Street	Miami, FL. 33176

8. Name and Address of Current Registered Agent

SAMUELS, JOYCE D REV.
13030 NW 20 AVE
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600008643756

10/29/02--01031--009

State
FL

Zip Code

33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10-24-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Joy D Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02 305-687-7515

Date

Daytime Phone #

CH2040 (8/02)

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Life Changing Deliverance Min.
13030 N.W 20th Ave
Miami, FL 33167

Dear Sir\ Madam:

We did not receive the Annual Report Forms for the year 2001-2002. We are a newly chartered organization and recently received an administrative dissolution notice. Enclosed is a payment of \$61.25 per your automated message. Please send me the annual report form and we will be glad to fill out the forms and mail them back to you. Thanks in advance for your prompt attention.

Sincerely

Joyce D. Samuels