

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003021

FILED
Dec 02, 2004
Secretary of State**Entity Name:** DELAROSA MINISTRIES INC.**Current Principal Place of Business:**4718 GRAINARY AVE
TAMPA, FL 33624**New Principal Place of Business:****Current Mailing Address:**4718 GRAINARY AVE
TAMPA, FL 33624**New Mailing Address:**PO BOX 340242
TAMPA, FL 336940242

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:DELAROSA, WANDA
4718 GRAINARY AVE
TAMPA, FL 33624 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELAROSA, LARRY
Address: 4718 GRAINARY AVE
City-St-Zip: TAMPA, FL 33624

Title: VT () Delete
Name: DELAROSA, WANDA
Address: 4718 GRAINARY AVE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: RIVERA, SHARON
Address: 69-80 188TH STREET
City-St-Zip: FRESH MEADOWS, NY 11365

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RIVERA, SHARON
Address: 172-90 HIGHLANDER AVE
City-St-Zip: JAMAICA ESTATES, NY 17432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY DELAROSA

PD

12/02/2004

Electronic Signature of Signing Officer or Director

Date