


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000000423		
1. Entity Name LOVE DELIVERANCE FAMILY CENTER INC.		

FILED

07 MAY 18 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

Principal Place of Business 3402-D APALACHEE PKWY. TALLAHASSEE, FL 32311	Mailing Address 5297 HIGH COLONY DR TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 1960 Capital Circle SE	3. Mailing Address Same
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TALL FL	City & State
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Zip 32311	Country Leon	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FRANCIS, CRENEL 5297 HIGH COLONY DR TALLAHASSEE, FL 32317	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR. FRANCIS, CRENEL J DIR. 5297 HIGH COLONY DRIVE TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500103289175 05/25/07--01025--011 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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K. Eckel MAY 18 2007

SIGNATURE:

*Francis Crenel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-07 850-656-2009

Date

Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.