2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004641

FILED May 14, 2007 Secretary of State

Entity Name: THE CATHEDRAL OF DELIVERANCE AT HIGHER PRAISE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 3400 RANDOLPH ST. MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** P.O. BOX 2072 MELBOURNE, FL 32901 FEI Number: 05-0575715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENE, RONALD D 430 NW ÁVOCADO RD. PALM BAY, FL 32907 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: RONALD D. GREENE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD (X) Change () Addition () Delete GREENE, RONALD D GREENE, RONALD D Name: Name: 430 NW AVOCADO RD. Address: 430 NW AVOCADO RD. Address: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 City-St-Zip: (X) Change () Addition Title: VD () Delete Title: GREENE, TANYA A Name: GREENE, TANYA A Name: Address: 430 NW AVOCADO RD. Address: 430 NW AVOCADO RD. City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: STD () Delete Title: (X) Change () Addition GREENE, MARY A BROWN, EMANUEL Name: Name: 2965 PARK VILLAGE WAY Address: 2708 LIPSCOMB ST. Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: () Change (X) Addition Name: Name: WILLIAMS, CAMELIA Address: Address: 4775 ELENA WAY City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: () Change (X) Addition ROBERSON, DARREN Name: Name: 697 BRYANT RD. SW Address: Address: City-St-Zip: City-St-Zip: PALM BAY, FL 32908 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

WILLIAMS, FLOYD

4775 ELENA WAY MELBOURNE, FL 32934

SIGNATURE: RONALD D. GREENE P 05/14/2007

Name:

Address:

City-St-Zip: