

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006688

FILED
Oct 09, 2008
Secretary of State

Entity Name: STRONGHOLDS DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33309

New Principal Place of Business:

Current Mailing Address:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33309

New Mailing Address:

FEI Number: 41-2106374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

CHIN, ALICIA
521 NW 132 TERR
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

CHIN, ALICIA
1118 SW 44TH WAY
DEERFIELD, FL 33342 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: ALICIA CHIN

10/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCDONALD, ELEANOR D
Address: 2800 NW 44 ST STE #210
City-St-Zip: OAKLAND PK, FL 33309

Title: DT () Delete
Name: HOWARD, JAVELLE
Address: 2797 OAKLAND FOREST DR #104
City-St-Zip: OAKLAND PK, FL 33309

Title: DO () Delete
Name: BOWENS, BESSIE
Address: 1124 HILTON AVE
City-St-Zip: UTICA, NY 13501

Title: DVC () Delete
Name: CHIN, ALICIA
Address: 521 NW 132 TERR
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCDONALD, ELEANOR D
Address: PO BOX 257
City-St-Zip: PUTNEY, GA 31782

Title: DT (X) Change () Addition
Name: HOWARD, JAVELLE
Address: 2800 NW 44 TH STREET #210
City-St-Zip: OAKLAND PK, FL 33309

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

Title: DVC (X) Change () Addition
Name: CHIN, ALICIA
Address: 1118 SW 44TH WAY
City-St-Zip: DEERFIELD BEACH, FL 33342

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: ELEANOR MCDONALD

DP

10/09/2008

Electronic Signature of Signing Officer or Director

Date