


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000008653					
1. Entity Name POWER OF DELIVERANCE APOSTOLIC MINISTRIES, INC.					
Principal Place of Business 2849 NW 53RD TERR SUNRISE, FL 33313			Mailing Address C/O EVANGELIST IMOGENE Y. JOHNSON 2849 NW 53RD TERR SUNRISE, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0397720					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JOHNSON, IMOGENE Y 2849 NW 53RD TERR SUNRISE, FL 33313					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
<div style="text-align: right;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
TITLE	D <input type="checkbox"/> Delete JOHNSON, IMOGENE YVETTE 2849 NW 53RD TERR SUNRISE, FL 33313				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete JOHNSON, BARBARA E 2800 NW 56TH AVE APT #D404 LAUDERHILL, FL 33313				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete POWELL, KERA ANNMARIE 2849 NW 53RD TERR SUNRISE, FL 33313				
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TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <u>CE Johnson Dir.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>7-11-05</u> Daytime Phone #: <u>254-234-4318</u>					

FILED
05 JUL 25 PM 3:08

SECRET
INITIAL



07122005 REIN-NP CR2E099 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 Date: 7-11-05 Daytime Phone #: 254-234-4318