2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008889

FILED Nov 03, 2008 Secretary of State

Entity Name: LOVE TEMPLE OF DELIVERANCE CENTER II, INC

Current Principal Place of Business: New Principal Place of Business:

4934 9TH AVENUE S. 6485 34TH AVE. N

SAINT PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

P.O. BOX 10055 P.O. BOX 10055

SAINT PETERSBURG, FL 33733 ST. PETERSBURG, FL 33733

FEI Number: 41-2110948 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: Name and Address of New Registered Agent:

FORTT, DAWN
4934 9TH AVENUE S.
FORTT BROWN, DAWN
6485 34TH AVE. N

SAINT PETERSBURG, FL 33705 US SAINT PETERSBURG, FL 33710 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: PASTOR DAWN FORTT 11/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: SEC (X) Change () Addition

Name: ADDISON, KIMBERLY Name: ADDISON, KIMBERLY
Address: P.O. BOX 10055 Address: P.O. BOX 10055

City-St-Zip: SAINT PETERSBURG, FL 33733 City-St-Zip: SAINT PETERSBURG, FL 33733

Title: P () Delete Title: P (X) Change () Addition

Name: FORTT, DAWN Name: FORTT BROWN, DAWN

Address: P.O. BOX 10055 Address: P.O. BOX 10055

City-St-Zip: SAINT PETERSBURG, FL 33733 City-St-Zip: SAINT PETERSBURG, FL 33733

Title: T () Delete Title: () Change () Addition Name: WARREN, REMONICA Name:

 Name:
 WARREN, REMONICA
 Name:

 Address:
 P.O. BOX 10055
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33733
 City-St-Zip:

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: DAWN FORTT BROWN P 11/03/2008