

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 24 PM 4:45

REINSTATEMENT 04-05
01/19/05 01003 025 68.71



11052004 REIN-NP CR2E099 (6/04)

4. FEI Number **200487495** Applied For ☐ Not Applicable

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

DOCUMENT # **03000010251**

1. Entity Name
HOLY CHURCH OF DELIVERANCE, INC.



Principal Place of Business
**5609 40TH STREET
TAMPA, FL 33684**

Mailing Address
**5609 40TH STREET
TAMPA, FL 33684**

2. Principal Place of Business
3906 N. 40th Street
Suite, Apt. #, etc.

3. Mailing Address
3906 N. 40th Street
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33610

Country

Zip
33610

Country

6. Name and Address of Current Registered Agent

**MCKEEVER, HAROLD REV
4111 W. GRACE STREET
TAMPA, FL 33604**

7. Name and Address of New Registered Agent

Name
Bishop Harold McKeever
Street Address (P.O. Box Number is Not Acceptable)
4703 Citrus Circle Apt. #4
City **Tampa** FL Zip Code **33617**

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 **BISHOP HAROLD MCKEEVER**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/21/05

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$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** ☐ Delete
NAME **MCKEEVER, HAROLD REV.**
STREET ADDRESS **4111 W. GRACE STREET**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **D** ☐ Delete
NAME **MCKEEVER, REBECCA**
STREET ADDRESS **4111 W. GRACE STREET**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **D** ☐ Delete
NAME **HEMMINGWAY, PAULINE**
STREET ADDRESS **4102 39TH STREET**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Bishop** ☒ Change ☐ Addition
NAME **McKeever, Harold**
STREET ADDRESS **4703 Citrus Circle Apt #4**
CITY-ST-ZIP **Tampa, Florida 33617**

TITLE **Pastor** ☒ Change ☐ Addition
NAME **McKeever, Rebecca**
STREET ADDRESS **4703 Citrus Circle Apt #4**
CITY-ST-ZIP **Tampa, Florida 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200044976862
01/19/05--01003--025 **68.71

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200044976062
03/07/05--01019--010 **53.79

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

11/15/2004 813 598-9365

Date

Daytime Phone