2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2008
Secretary of State

DOCUMENT# N04000001235

Entity Name: CHURCH OF GOD PENTECOSTAL DELIVERANCE INC.

Current Principal Place of Business:

12562 ROBERT STREET
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

12562 ROBERT STREET
WHITE SPRINGS, FL 32096

New Mailing Address:

FEI Number: 56-2437777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MARSHALL, SABRINA
10319 1 STREET
WHITE SPRINGS, FL 32096 US

Name and Address of New Registered Agent:

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: SABRINA D MARSHALL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TR ( ) Delete
Name: MARSHALL, SABRINA D
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: P ( ) Delete
Name: MARSHALL, SABRINA
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: BM ( ) Delete
Name: CARTER, CARROE
Address: P O BOX 1084
City-St-Zip: JASPER, FL 32052

Title: BM ( ) Delete
Name: BYRAEN, LEROY
Address: P O BOX 165
City-St-Zip: WHITE SPRINGS, FL 32096

Title: BM ( ) Delete
Name: MARSHALL, RICHARD
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: SABRINA MARSHALL DIR 12/14/2008
Electronic Signature of Signing Officer or Director — Date