N04000001235

(Re	equestor's Name)			
(Ad	(dress)			
(Address)				
(, , , ,				
(Cit	ty/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(54	Entry Man	,		
(Document Number)				
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2022 MAY -4 AM 10: 44

SECRETARY OF STATE
TALLAHAS SEF

A. BUTLER
JUN 27 2022

COVER LETTER

то:	Amendment S Division of C	Section orporations		
SUBJ	CHURCH (DF GOD PENTECOSTAL DELIVERNC 	E INC	
		(Name of Corp.	oration)	1
DOC	UMENT NUMI	3ER: N04000001235	,	
The e	nclosed Resigna	tion of Registered Agent for a Cor	poration and fee are submitted for fi	lina Iina
Please return all correspondence concerning this matter to the following:			ing.	
	OHNNY OWENS			:
·		(Name of Person)		
CHUR	CH OF GOD PEN	TECOSTAL DELIVERNCE INC		
	(N	ime of Firm/Company)		
404 SE	CHURCH AVE			
-		(Address)		i
LAKE	CITY, AV 23025			
	(Ci	ty/State and Zip Code)		1
For fu	rther informatio	n concerning this matter, please cal	1:	
	COLLINS	386	980-0424	
-	(Name	of Person) at () ode & Daytime Telephone Number)	
Enclos or \$35	ed is a check m .00 for an admir	ade payable to the Florida Departm listratively dissolved, voluntarily di	ent of State for \$87.50 for an active ssolved or withdrawn corporation.	corporation
	Mailing Addres		Street Address:	
	Amendment Sec	i .	Amendment Section	
	Division of Corp	orations	Division of Corporations	
	P.O. Box 6327 Fallahassee, FL	02214	The Centre of Tallahassee	
'	ananassee, PL	57314	2415 N. Monroe Street, Suite 810	П

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E046 (12/19)

RESIGNATION OF REGISTERED AGEND FOR A CORPORATION 2022 MAY -4 AM 10: 44

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509 cm 617.1509.
Florida Statutes, the undersigned, REGINA M. ALEXANDER
(Name of Registered Agent)
hereby resigns as Registered Agent for CHURCH OF GOD PENTECOSTAL DELIVERANCE
(Name of Corporation)
N04000001235
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at it's last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Registered Agent (Capacity)
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E046 (12/19)