

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002049

FILED
Oct 16, 2007
Secretary of State

Entity Name: THE DELIVERANCE CENTER, INC.

Current Principal Place of Business:

5962 NW 25 CT
SUNRISE, FL 33313

New Principal Place of Business:

20506 NW 8 CT
MIAMI GARDENS, FL 33169

Current Mailing Address:

5962 NW 25 CT
SUNRISE, FL 33313

New Mailing Address:

20506 NW 8 CT
MIAMI GARDENS, FL 33169

FEI Number: 57-1197284 **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:

POITIER-LISCOMBE, SHERRIE
5962 NW 25 CT
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

POITIER-LISCOMBE, SHERRIE MS
20506 NW 8 CT
MIAMI GARDENS, FL 33169 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: SHERRIE POITIER-LISCOMBE, MS

10/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POITIER-LISCOMBE, SHERRIE
Address: 5962 NW 25 CT
City-St-Zip: SUNRISE, FL 33313

Title: V () Delete
Name: LISCOMBE, GEDION
Address: 5962 NW 25 CT
City-St-Zip: SUNRISE, FL 33313

Title: ST () Delete
Name: HALL, RHONYCE
Address: 5962 NW 25 CT
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POITIER-LISCOMBE, SHERRIE
Address: 20506 NW 8 CT
City-St-Zip: MIAMI GARDENS, FL 33169

Title: V (X) Change () Addition
Name: LISCOMBE, GEDION A REV
Address: 20506 NW 8 CT
City-St-Zip: MIAMI GARDENS, FL 33169

Title: ST (X) Change () Addition
Name: HALL, RHONYCE
Address: 21240 SW 97 AVE
City-St-Zip: MIAMI, FL 33189

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: SHERRIE POITIER-LISCOMBE, MS

P

10/16/2007

Electronic Signature of Signing Officer or Director

Date