

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007036

FILED
Dec 20, 2006
Secretary of State

Entity Name: ABUNDANT RAIN DELIVERANCE CENTER, INC.

Current Principal Place of Business:

4121 NE 15TH ST APT 35
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 5412
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 41-2116286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE-OLIVER, BETTY
4121 NE 15TH ST APT 35
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

WHITE-OLIVER, BETTY J
4121 NE 15TH ST APT 35
GAINESVILLE, FL 32609 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: BETTY J WHITE-OLIVER

12/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE-OLIVER, BETTY J
Address: 4121 NE 15TH ST APT 35
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: HINES, SHERRIENA B
Address: 4121 NE 15TH ST APT 35
City-St-Zip: GAINESVILLE, FL 32609

Title: V () Delete
Name: OLIVER, JAMES JR
Address: 3775 50TH ST #4
City-St-Zip: SAN DIEGO, CA 92105

Title: D () Delete
Name: VONDEREMBSE, PATRICIA
Address: 481 DINO DR
City-St-Zip: ST AUGUSTINE, FL 32086

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY J WHITE-OLIVER

P

12/20/2006

Electronic Signature of Signing Officer or Director

Date