

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |  |
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| DOCUMENT # N04000010422                          |  |
| 1. Entity Name<br>THE FAITH FOR DELIVERANCE INC. |  |



FILED

2009 MAR -5 A 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>1202 IDA ST<br>JACKSONVILLE, FL 32208 | Mailing Address<br>1202 IDA ST<br>JACKSONVILLE, FL 32208 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

02222009 REIN-NP CR2E099 (1/07)

4. FEI Number  
27-0081289

Applied For  
Not Applicable

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HOWARD, LAWRENCE<br>1202 IDA ST<br>JACKSONVILLE, FL 32208 |  |
|--|--|

7. Name and Address of New Registered Agent

Name Lynette Pinkney

Street Address (P.O. Box Number is Not Acceptable)  
1202 IDA Street

City Jacksonville FL Zip Code 32208

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 Lynette Pinkney DATE 02-27-09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                             |  |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$297.50 | Make check payable to<br>Florida Department of State |
|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BELL, REBECCA<br>323 CENTURY ST<br>JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>700145048597<br>03/05/09--01024--016 **297.50 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PM<br>PINKEY, LYNETTE M<br>1202 IDA ST<br>JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>BURROUGH, DAISEY<br>1202 IDA ST<br>JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>FRANCIS, NORMAN O<br>12374 BRIGHTON A TRAIL S<br>JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>REINSTATEMENT                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JONES, ATLEANER<br>887 FRANKLIN ST APT #31<br>JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>08-09   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lynette Pinkney DATE 02-27-09 DAYTIME PHONE # 904-5544701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR