

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000000732

**FILED**  
**Apr 17, 2014**  
**Secretary of State**

**Entity Name:** FREEDOM IN CHRIST DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

1800 CENTRE PARK ROAD  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 210473  
ROYAL PALM BEACH, FL 334022458

**New Mailing Address:**

**FEI Number:** 02-0726673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PORTER, FREDDIE D JR  
1652 HAWTHORNE PL  
WELLINGTON, FL 334148663 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:** FREDDIE D PORTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CD  
**Name:** PORTER, FREDDIE D  
**Address:** 1652 HAWTHORNE PLACE  
**City-St-Zip:** WELLINGTON, FL 334148663

**Title:** D  
**Name:** PORTER, TERESA A  
**Address:** 1652 HAWTHORNE PLACE  
**City-St-Zip:** WELLINGTON, FL 334148663

**Title:** D  
**Name:** MARTIN, CHERRIE  
**Address:** 1652 HAWTHORNE PLACE  
**City-St-Zip:** WELLINGTON, FL 334148663

**Title:** D  
**Name:** WILLIAMS, BEVERLY W  
**Address:** 318 LAMANTHA AVE.  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** D  
**Name:** SMITH, TERRANCE B  
**Address:** 1652 HAWTHORNE PLACE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** D  
**Name:** HOWARD, FRED  
**Address:** 411 WEST 37 ST  
**City-St-Zip:** RIVERIA, FL 33404

I hereby 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 all other like empowered.

**SIGNATURE:** FREDDIE D PORTER

PD

04/17/2014

Electronic Signature of Signing Officer or Director

Date