

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000006326

1. Corporation Name

TRUTH, FAITH & DELIVERANCE COMMUNITY CHURCH, INC.

2. Principal Office Address - No P.O. Box #

5120 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33710

Country

USA

3. Mailing Office Address

PO BOX 10216

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33733

Country

USA

7. Name and Address of Current Registered Agent

Name

JAMES G. HOLT

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

2211 7TH. AVENUE NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date **MARCH 28, 2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	LEVI COBARRAS	776 13TH. AVENUE SO.	ST. PETE, FL 33701
VCD	FREDDIE SMITH	1030 46TH. ST. SO.	ST. PETE, FL 33711
SD	FREDA EXUM	4646 18TH. AVE. NO.	ST. PETE FL. 33713
TD	HAZEL NELSON	3729 8TH. AVE. SO.	ST. PETE, FL 33711
D	JAMES HOLT	2211 7TH. AVE. NO.	ST. PETE, FL 33713

10. E-mail Address: truthfaithndelechurch@verizon.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Hazel Nelson HAZEL NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-28-10 Daytime Phone # 727-323-1711

FILED

10 MAR 31 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300173912093
03/31/10--01033--005 **183.75

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **JUNE 20, 2005**

5. FEI Number

51-0545696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.