

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007764

FILED
Nov 17, 2006
Secretary of State

Entity Name: MISSION DELIVERANCE, INC.

Current Principal Place of Business:

12811 N NEBRASKA AVE UNIT G
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

10406 HARTTS DR
TAMPA, FL 33617

New Mailing Address:

FEI Number: 41-2180576 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:

ELDER, TOLLIE H
12811 N NEBRASKA AVE UNIT G
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

ELDER, TOLLIE H
10406 HARTTS DR
TAMPA, FL 33617 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: TOLLIE H. ELDER

11/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELDER, JACKIE
Address: 16545 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: DST () Delete
Name: RAMSEY, LOIS
Address: 19208 ALICE CIR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PHILPOTT, PHYLLIS
Address: 1518 CLEMENT RD LOT 12
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELDER, JACKIE
Address: 10406 HARTTS DR.
City-St-Zip: TAMPA, FL 33617

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: TOLLIE H. ELDER

PRES

11/17/2006

Electronic Signature of Signing Officer or Director

Date