## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000008062

FILED Jan 09, 2008 Secretary of State

Entity Name: INTERNATIONAL DELIVERANCE RESTORATION CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2114 SW 60 TERRACE MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

2114 SW 60 TERRACE MIRAMAR, FL 33023

FEI Number: 20-3343566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HALL SR., ERROL D. REV. DR 3622 SW 167TH TERRACE MIRAMAR, FL 33027 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: REV. DR. ERROL D. HALL, SR.

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 HALL SR., ERROL D. DR.
 Name:
 HALL SR., ERROL D. DR.

 Address:
 3622 SW 167TH TERRACE
 Address:
 3622 SW 167TH TERRACE

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 MIRAMAR, FL 33027 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (1) Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change (1) Addition}$ 

 Name:
 RODRIQUEZ, VALERIE
 Name:
 RODRIQUEZ, VALERIE

 Address:
 1888 NW 132 AVENUE
 Address:
 1888 NW 132 AVENUE

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: WILSON, ANGELA Name: WILSON, ANGELA

 Address:
 3354 NW 197 TERRACE
 Address:
 3354 NW 197 TERRACE

 City-St-Zip:
 OPA-LOCKA, FL 33056
 City-St-Zip:
 OPA-LOCKA, FL 33056 US

 Name:
 DUFOUR, CHARLES
 Name:
 DUFOUR, CHARLES

 Address:
 7809 W. MADEIRAN ST.
 Address:
 7809 W. MADEIRAN ST.

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HAYDEN, TITUS
 Name:
 HAYDEN, TITUS

 Address:
 8424 SW 29 STREET
 Address:
 8424 SW 29 STREET

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify 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: REV. DR. ERROL D. HALL, SR. P 01/09/2008