

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000011430</b> 1. Entity Name <b>NEW TABERNACLE DELIVERANCE BAPTIST CHURCH INC.</b>					
Principal Place of Business <b>7222 BLAIR DR ORLANDO, FL 32818</b>			Mailing Address <b>7222 BLAIR DR ORLANDO, FL 32818</b>		
2. Principal Place of Business (No P.O. Box #) <b>6308 W Colonial Dr</b>		3. Mailing Address <b>P O Box 681871</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>			
Zip <b>32808</b>		Country <b>USA</b>		Zip <b>32868</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>65-0628617</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, DEMETRIUS 7222 BLAIR DR ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name <b>Demetrius Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>3821 Salmon Dr.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b>		
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 <span style="float: right;">10/3/07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PQDA DAVIS, DEMETRIUS 7222 BLAIR DR ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Demetrius Davis 3821 Salmon Drive Orlando, FL 32835
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERSAUD-HERNANDEZ, SAVETA 7222 BLAIR DR ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Saveta Persaud-Hernandez 3821 Salmon Dr Orlando, FL 32835
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERNON, SHELLEY 7222 BLAIR DR ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shelley Vernon 3821 Salmon Drive Orlando, FL 32835
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:			Date <b>10-3-07</b>		Daytime Phone # <b>407 295-4021</b>

10/17/07