

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012090

FILED
Apr 25, 2007
Secretary of State

Entity Name: FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5541 ARLINGTON RD.
STE 6
JACKONSONVILLE, FL 32207

New Principal Place of Business:

221 N 1ST ST
LAKE WALES, FL 33853

Current Mailing Address:

5541 ARLINGTON RD.
STE 6
JACKONSONVILLE, FL 32207

New Mailing Address:

P.O. BOX 600008
JACKSONVILLE, FL 32259

FEI Number: 01-0890630 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:

EMANUEL, LETRIONA S
8010 FOXDALE DR
JACKONSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

EMANUEL CARTER, LETRIONA S
221 N 1ST ST
LAKE WALES, FL 33853 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: LETRIONA EMANUEL CARTER

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EMANUEL, LETRIONA S
Address: 8010 FOXDALE DR
City-St-Zip: JACKONSONVILLE, FL 32210

Title: VPD () Delete
Name: EMANUEL, ALICE M
Address: P O BOX 203E DR
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: HODGE, APRIL E
Address: 3000 MONCRIEF RD - # 11
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD (X) Delete
Name: RICHARDSON, MEDLINA
Address: 4231 WALNUT BEND - STE 1A
City-St-Zip: JACKSONVILLE, FL 32257

Title: A (X) Delete
Name: HOGAN, ALISHA
Address: P.O. BOX 28547
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EMANUEL CARTER, LETRIONA S
Address: P.O. BOX 600008
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD (X) Change () Addition
Name: CARTER, GEORGE N
Address: P.O. BOX 600008
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD (X) Change () Addition
Name: EMANUEL, ALICE M
Address: P.O. BOX 673
City-St-Zip: BUNNELL, FL 32110

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 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: LETRIONA EMANUEL CARTER

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date