

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012090

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

221 N 1ST ST
LAKE WALES, FL 33853

New Principal Place of Business:

116 HIGHWAY 60 WEST
LAKE WALES, FL 33853

Current Mailing Address:

P.O. BOX 600008
JACKSONVILLE, FL 32259

New Mailing Address:

116 HIGHWAY 60 WEST
LAKE WALES, FL 33853

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

Name and Address of New Registered Agent:

EMANUEL CARTER, LETRIONA S
116 HIGHWAY 60 WEST
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 S CARTER

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EMANUEL CARTER, LETRIONA S
Address: 116 HIGHWAY 60 WEST
City-St-Zip: LAKE WALES, FL 33853

Title: VPD (X) Change () Addition
Name: CARTER, GEORGE N
Address: 116 HIGHWAY 60 WEST
City-St-Zip: LAKE WALES, FL 33853

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 S CARTER

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date