## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000004087

FILED Apr 26, 2010 Secretary of State

Entity Name: D.L. BROWN INTERNATIONAL MINISTRIES, INC.

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

204575 SW 5TH STREET 16763 NW 13 TH STREET PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

204575 SW 5TH STREET 16763 NW 13 TH STREET PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

FEI Number: 71-1005117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROWN, DELPHA APOSTLE
204575 SW 5TH STREET
PEMBROKE PINES, FL 33029 US
STEPHENSON, DELPHA APOSTLE
16763 NW 13 TH STREET
PEMBROKE PINES, FL 33028 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: PD 04/26/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: STEPHENSON, DELPHA L APOSTLE

Address: 16763 NW 13 TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD

Name: STEPHENSON, GARFIELD BISHOP Address: 16763 NW 13 TH STREET

City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD

Name: MUSGROVE, ALMADA APOSTLE

Address: 6025 SW 39 STREET City-St-Zip: MIRAMAR, FL 33023

Title: TD

 Name:
 CLARKE, DELERICE

 Address:
 16763 NW 13 TH STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33028

Title: D

Name: MUSGROVE NEWMAN, LYDIA MINISTE

Address: 811 SW 67TH AVE City-St-Zip: N LAUDERDALE, FL 33068

Title: [

 Name:
 CLARKE, DELPHA M

 Address:
 16763 NW 13 TH STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: DELPHA STEPHENSON PD 04/26/2010