## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000010908

FILED Jan 06, 2008 Secretary of State

Entity Name: SPOKEN WORD DELIVERANCE WORLD WIDE MINISTRIES INC.

Current P	rincipal Place of Business:	New Principal Place of Business:	
	PROVINCETOWN LANE NT LUCIE, FL 34953 US		
Current N	lailing Address:	New Mailing Address:	
P.O. BOX INDIANTO	454 WN, FL 34956 US		
	ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable ( ) Certificate of Status De not receive the prior notice.	esired (X)
Name and	I Address of Current Registered Agent:	Name and Address of New Registered Age	nt:
	ES A PROVINCETOWN LANE NT LUCIE, FL 34953 US		
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered age	ent, or both,
CICNIATU			
SIGNATU	RE: JAMES A. HILL		
SIGNATO	RE: JAMES A. HILL  Electronic Signature of Registered A	Agent Date	
		Agent Date  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR
OFFICER Fitle: Name: Address:	Electronic Signature of Registered		DIRECTOR
	Electronic Signature of Registered / S AND DIRECTORS:  P () Delete HILL, LORETTA D 1038 SW PROVINCETOWN LANE	ADDITIONS/CHANGES TO OFFICERS AND  Title: ( ) Change ( ) Addition Name: Address:	DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered / S AND DIRECTORS:  P ( ) Delete HILL, LORETTA D 1038 SW PROVINCETOWN LANE PORT AINT LUCIE, FL 34953 US  VP ( ) Delete HILL, JAMES A 1038 SW PROVINCETOWN LANE	ADDITIONS/CHANGES TO OFFICERS AND  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:	DIRECTOR

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: LORETTA D. HILL PRES 01/06/2008