

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007233

FILED
Feb 19, 2009
Secretary of State

Entity Name: FAITH DELIVERENCE HOLINESS CHURCH INC

Current Principal Place of Business:

1700 PRESCOTT STREET
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1700 PRESCOTT STREET
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 26-0581250 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:

Name and Address of New Registered Agent:

WELLS, MARGARET
2609 - 15TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 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: MARGARET WELLS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, MARGARET
Address: 2609 - 15TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP () Delete
Name: WELLS, WILLIE JR.
Address: 2609 - 15TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S () Delete
Name: HURSKIN, YATAYE
Address: 3315- 58TH AVENUE SOUTH APT #204
City-St-Zip: ST. PETERSBURG, FL 33712

Title: T () Delete
Name: HURSKIN, FREDRICK
Address: 2925 - 13TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET WELLS

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date