

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000012026

FILED
Jan 26, 2009
Secretary of State

Entity Name: INTERNATIONAL HEALING AND DELIVERANCE WORLD OUTREACH PENTECOSTAL MINISTRIES, INC.

Current Principal Place of Business:

609 6TH AVE.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

214 FIRESIDE CT.
LEHIGH, FL 33936

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

VEDRINE, CHRISTINE
214 FIRESIDE CT.
LEHIGH, FL 33936 US

Name and Address of New Registered Agent:

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: CHRISTINE VEDRINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEDRINE, CHRISTINE
Address: 214 FIRESIDE CT.
City-St-Zip: LEHIGH, FL 33936

Title: S () Delete
Name: AVILA, CHRISTY R.
Address: 901 LAREDO AVE.
City-St-Zip: IMMOKALEE, FL 34142

Title: VP () Delete
Name: HALL, PATRICIA
Address: 609 6TH AVE.
City-St-Zip: IMMOKALEE, FL 34142

Title: TP () Delete
Name: REMY, CHRIS
Address: 214 FIRESIDE CT.
City-St-Zip: LEHIGH, FL 33936

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: CHRISTINE VEDRINE

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date