2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# N08000003560

Entity Name: DELIVERANCE & HARVEST MINISTRIES, INC.

Current Principal Place of Business:

5014-26TH AVE. SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5014-26TH AVE. SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 65-1171161 **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:

HUCKEBA, RALPH N. DR.
5014-26TH AVE. SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

HUCKEBA, RALPH N DR.
5014-26TH AVE. SOUTH
GULFPORT, FL 33707 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: DR RALPH N HUCKEBA 10/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUCKEBA, RALPH N. DR.
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP ( ) Delete
Name: HUCKEBA, PATRICIA L.
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP ( ) Delete
Name: LEPORE, ANGELA
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: AVP ( ) Delete
Name: HUCKEBA, JONATHAN R.
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HUCKEBA, RALPH N DR.
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP (X) Change ( ) Addition
Name: HUCKEBA, PATRICIA L MRS
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP (X) Change ( ) Addition
Name: LEPORE, ANGELA M MS
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: AVP (X) Change ( ) Addition
Name: HUCKEBA, JONATHAN R
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

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: DR RALPH N HUCKEBA PRES 10/08/2009
Electronic Signature of Signing Officer or Director Date