

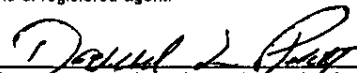



FILING CANCELLED  
RETURNED CHECK  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N11000002081</b>  |  |  |   | <b>FILED</b>   |  |
| <b>1. Entity Name</b><br>VOICE OF THUNDER WORLDWIDE GLOBAL<br>DELIVERANCE MINISTRIES, INC.  |  |   |   | <b>12 DEC -3 PM 12:40</b>  |  |
| <b>Principal Place of Business</b><br>2100 SUNRISE BLVD STE-A<br>FORT PIERCE, FL 34950 US   |  | <b>Mailing Address</b><br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 US               |   | <b>SECRETARY OF STATE</b><br>TALLAHASSEE, FLORIDA<br><b>REINSTATEMENT</b>  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>685 S Jefferson  |  | <b>3. Mailing Address</b><br>685 S Jefferson                                      |   |    |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | 12032012 REIN-NP CR2E099 (12/11)   |  |
| <b>City &amp; State</b><br>Monticello FL  |  | <b>City &amp; State</b><br>Monticello FL  |   | <b>4. FEI Number</b><br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>Zip</b><br>32244   | <b>Country</b>   | <b>Zip</b><br>32244   | <b>Country</b>  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MCFOLLEY, SHERQUITA N<br>1440 N LAWNWOOD CIRCLE APT# 16C<br>FORT PIERCE, FL 34950   |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: Darrell L Pittman<br>Street Address (P.O. Box Number is Not Acceptable): 82 W Bryant St<br>City: Monticello FL Zip Code: 32244 |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |   |  |  |
| <b>SIGNATURE:</b>  <b>DATE:</b> Dec 3 2012<br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2013, Fee will be \$297.50</b>  |  |   |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>D P</b><br>PITTMAN, DARRELL<br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 <input type="checkbox"/> Delete             | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>D VP</b><br>WILLIAMS, DELORES<br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 <input type="checkbox"/> Delete           | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>S</b><br>MCFOLLEY, SHERQUITA<br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>T</b><br>BOSTIC, DOMINIQUE<br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 <input type="checkbox"/> Delete              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>D</b><br>BEAUFORD, TERRANCE<br>P.O. BOX 1411<br>FORT PIERCE, FL 34954 <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b>  <b>DATE:</b> 12/3/2012 <b>FILED:</b> 685 S Jefferson  |  |   |   |  |  |