

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000011711

FILED
Oct 20, 2014
Secretary of State

Entity Name: HOLY, HOLY, HOLY, PRODIGAL SON MIRACLE HEALING DELIVERANCE MINISTRIES,/UCFCM
INC

Current Principal Place of Business:

1835 NW 85TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1835 NW 85TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 45-4341520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, WILLIE
2261 NW 58TH STREET
MIAMI, FL 33142 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: WILLIE JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: RHYANT, MARY
Address: 1723 NW 78 STREET
City-St-Zip: MIAMI, FL 33417

Title: D
Name: RHYANT, TYRONE
Address: 1723 NW 78 STREET
City-St-Zip: MIAMI, FL 33417

Title: VD
Name: ROBERTS, COTRINA
Address: 1723 NW 78 STREET
City-St-Zip: MIAMI, FL 33147

Title: SD
Name: WESTLEY, MARIAN
Address: 1835 NW 85TH STREET
City-St-Zip: MIAMI, FL

Title: D
Name: JONES, WILLIE
Address: 1723 NW 78 STREET
City-St-Zip: MIAMI, FL 33147

Title: D
Name: JENNINGS, LOQUOSHIA
Address: 1723 NW 78 STREET
City-St-Zip: MIAMI, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: WILLIE J JONES

D

10/20/2014

Electronic Signature of Signing Officer or Director

Date