

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 29 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/30/08 90038 011 \$61.25



REINSTATEMENT 2008 K5
10272008 REIN-NP (GR2E09) 1/07

DOCUMENT # N21622					
1. Entity Name APOSTLE FAITH CHURCH OF DELIVERANCE, INC.					
Principal Place of Business 112 DEVONSHIRE DRIVE FT. PIERCE, FL 34946		Mailing Address 112 DEVONSHIRE DRIVE FT. PIERCE, FL 34946			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0104872	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, ISAAC 112 DEVONSHIRE DR. FT. PIERCE, FL 34946			Name GRACE MILLER		
			Street Address (P.O. Box Number is Not Acceptable) 112 Devonshire Drive		
			City FORT PIERCE		
			FL		
			Zip Code 34946		
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.					
SIGNATURE: <u>Grace Miller</u>		President (Pastor)		10/27/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 * See attached letter		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ISAAC		NAME	GRACE MILLER	
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS	112 Devonshire DR.	
CITY-ST-ZIP	FT. PIERCE, FL	Deceased	CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GRACE		NAME	LAVENIA CRENSHAW	
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS	2651 IROQUOIS AVE	
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Educational Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DAVID		NAME	IRIS WILLIAMS	
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS	109 Academy Dr.	
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Youth President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACON, DARCY		NAME	FELICIA INGRAM	
STREET ADDRESS	3108 IROQUOIS AVENUE		STREET ADDRESS	796 Bent Creek Dr.	
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, JULIUS		NAME		
STREET ADDRESS	4000 AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT TYRONE CRENSHAW		NAME	Vincent Tyrone Crenshaw	
STREET ADDRESS	3104 IROQUOIS AVENUE		STREET ADDRESS	2651 IROQUOIS AVE	
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP	Ft. Pierce, FL	
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.					
SIGNATURE: <u>Grace Miller</u>		Grace Miller		10/27/08 (772)464-7184	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

APOSTLE FAITH CHURCH OF DELIVERANCE, INC.

Headquarters: 1505 N. 43rd Street, Fort Pierce, FL
Mailing Address: 112 Devonshire Drive, Fort Pierce, FL 34946
Pastor Grace Miller, Pastor and Overseer
The Late Bishop Isaac Miller Jr., Founder

Board of Officers

Sister Carolyn Mabry
President, Usher Board
Sister Lavienia Crenshaw
Secretary
Evangelist Grace Miller
Treasurer
Sister Iris Williams
President, Choir
Ira Bolton
Church Mother
Deacon Darcy Bacon, Sr.
Chairman Deacon

October 27, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Board of Trustees

Pastor Grace Miller
President/Chairperson
Elder Julius Ivey II
Elder George Mabry
Elder Gunnie Williams
Deacon Darcy Bacon, Sr.
Deacon Vincent Crenshaw, Sr.
Brother David Anderson
Sister Iris Williams
Sister Lavienia Crenshaw

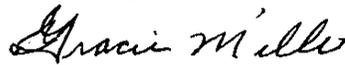
To Whom It May Concern:

As per your request, this letter is to confirm that the Apostle Faith Church of Deliverance, Inc., did not receive the rejection notification about the Dissolution of the Corporation, and the appropriate documentation for Reinstatement with changes are attached to this letter.

This letter is also to confirm that the \$61.25 for the Annual Report Fee for the Apostle Faith Church of Deliverance, Inc. was received and cashed. The check that was mailed on January 24, 2008 and was received and confirmed by the Division of Corporations was check #4680 from Riverside National Bank of Fort Pierce, Florida.

Thank you for your help and assistance through this process.

Sincerely,



Grace Miller
President of AFCD



“Without me, ye can do nothing.”

