


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25940 1. Entity Name THE PILLAR GROUND HOLINESS DELIVERANCE CHURCH, INC.					
Principal Place of Business 712 WEST LISBON PKWY DELAND, FL 32720			Mailing Address 712 WEST LISBON PKWY DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3017452	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLEY, WALTER 712 WEST LISBON PARKWAY DELAND, FL 32720				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100065192421 02/06/06--01013--005 ***122.50	
NAME	KELLEY, WALTER		NAME		
STREET ADDRESS	712 W. LISBON PKWY		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBOSE, GLORIA		NAME		
STREET ADDRESS	300 W ATWATER AVE #402		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, JEROME		NAME		
STREET ADDRESS	719 E NEW ST		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, EVELYN		NAME		
STREET ADDRESS	712 W. LISBON PKWY		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMART, KEN		NAME		
STREET ADDRESS	129 BRIDGEHAVEN DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, LINDA		NAME		
STREET ADDRESS	719 E NEW ST		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
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>Walter Kelley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-10-06 <small>Date Daytime Phone #</small>		

06 JAN 18 AM 8:42
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01102006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-3017452 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

FILE NOW!!! FEE IS \$122.50 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
 TITLE PD KELLEY, WALTER
 STREET ADDRESS 712 W. LISBON PKWY
 CITY-ST-ZIP DELAND, FL 32720

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE D DUBOSE, GLORIA
 STREET ADDRESS 300 W ATWATER AVE #402
 CITY-ST-ZIP EUSTIS, FL 32726

REINSTATEMENT 05-56
 T. Roberts JAN 18 2006

TITLE D KELLEY, EVELYN
 STREET ADDRESS 712 W. LISBON PKWY
 CITY-ST-ZIP DELAND, FL 32720

TITLE D SMART, KEN
 STREET ADDRESS 129 BRIDGEHAVEN DR
 CITY-ST-ZIP PALM COAST, FL 32135

TITLE ST PORTER, LINDA
 STREET ADDRESS 719 E NEW ST
 CITY-ST-ZIP DELAND, FL 32724

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SIGNATURE: Walter Kelley 1-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #