

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26367

FILED
Mar 20, 2007
Secretary of State

Entity Name: PRAISE TEMPLE DELIVERANCE CENTER, INC.

Current Principal Place of Business:

1010 BRITTS LANE
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2955 WARFIELD DRIVE
BARTOW, FL 33830

New Mailing Address:

4104 MAYFAIR WAY
LAKELAND, FL 33812

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

WATSON, WILLIE LEE
2955 WARFIELD DRIVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

WATSON, WILLIE LEE
4104 MAYFAIR WAY
LAKELAND, FL 33812 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: WILLIE LEE WATSON

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, WILLIE LEE,
Address: 2955 WARFIELD DRIVE
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: HARRIS, JOHNNIE LEE,
Address: 2863 DUDLEY DRIVE
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: GASKIN, JAMIE WEARING
Address: 5592 MOON VALLEY DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ANDERSON, WILLIE
Address: 2933 DUDLEY DR
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, WILLIE LEE,
Address: 4104 MAYFAIR WAY
City-St-Zip: LAKELAND, FL 33812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GASKIN, JAMIE WEARING
Address: 1070 TEE CIRCLE WEST
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIE LEE WATSON

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03/20/2007

Electronic Signature of Signing Officer or Director

Date