

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N27606

**FILED**  
**Nov 29, 2011**  
**Secretary of State**

**Entity Name:** FULLGOSPEL CHURCH OF DELIVERANCE, INC.

**Current Principal Place of Business:**

1003 N 16TH ST  
C/O JOHNNY F. TAYLOR  
FORT PIERCE, FL 349503249

**New Principal Place of Business:**

**Current Mailing Address:**

1003 N 16TH ST  
C/O JOHNNY F. TAYLOR  
FORT PIERCE, FL 349503249

**New Mailing Address:**

**FEI Number:** 65-0037792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, JOHNNY F.  
1003 N 16TH ST  
FORT PIERCE, FL 34947 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: JOHNNY F. TAYLOR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAYLOR, JOHNNY F.  
Address: 3102 NAVAJO AVENUE  
City-St-Zip: FORT PIERCE, FL

Title: SD  
Name: JONES, RUBY  
Address: 2412 N 51 ST  
City-St-Zip: FORT PIERCE, FL 34946

Title: D  
Name: TAYLOR, JOHNNY O NEAL  
Address: 603-A ROSELYN AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: MUSGROVE, ARTHUR  
Address: 3210 KENTUCKY  
City-St-Zip: FT PIERCE, FL 34947

Title: D  
Name: TAYLOR, MELVIN  
Address: 2550 IROQUOIS AVE  
City-St-Zip: FORT PIERCE, FL 34946

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: RUBY JONES

SEC

11/29/2011

Electronic Signature of Signing Officer or Director

Date