

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40624

FILED
Oct 02, 2007
Secretary of State

Entity Name: THE FULL GOSPEL DELIVERANCE CHURCH OF MELBOURNE, INC.

Current Principal Place of Business:

1010 BROTHERS AVE
MELBOURNE, FL 329015519

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2364
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-3179374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARTER, WILLIE B REV
1122 GAINEY DR
MELBOURNE, FL 32901 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 B. CARTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, WILLIE B REV
Address: 1122 GAINEY DR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: CARTER, PEARLIE C
Address: 1122 GAINEY DR
City-St-Zip: MELBOURNE, FL 32901

Title: V () Delete
Name: ALBRITTON, LOUISE
Address: P.O. BOX 174
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: WASHINGTON, ZELL REV.
Address: 1118 GAINEY DR
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: SPIVEY, MINNIE
Address: 3427 SAXON ST
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: MALLET, MORRIS
Address: 3314 ELDER ST
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 B. CARTER

PD

10/02/2007

Electronic Signature of Signing Officer or Director

Date