2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 AM 9:49

DOCUMENT # N50847

1. Entity Name
DELIVERANCE CHURCH OF THE NAZARENE, INC.

Principal Place of Business
749 NE 79 STREET
MIAMI, FL 33138

Mailing Address
~~749 NE 79 STREET~~
~~MIAMI, FL 33138~~

2. Principal Place of Business
Street Address, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
7610 BISCAYNE BV.
Street Address, Apt. #, etc.
City & State
MIAMI, FL
Zip Country
33138 USA

10272004 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0536133
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEJOUR, JOEL REV
749 NE 79 STREET
MIAMI, FL 33138

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.

SIGNATURE _____
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, 2005, Fee will be $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 NAME STREET ADDRESS CITY-ST-ZIP	D SEJOUR, JOEL 749 NE 79 STREET MIAMI, FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500042698125 11/12/04--01060--009 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEJOUR, ODINE 749 NE 79 STREET MIAMI, FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEMAS, AUGUSTE 285 NW 143 STREET MIAMI, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAPATISTE, ELIEUNE 630 NW 192 STREET MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
Typed or printed name of individual and title or printed name of officer or director. Date Daytime Phone #

11/18