2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# N93000003132

Entity Name: COVENANT LIFE DELIVERANCE CENTER, INC.

Current Principal Place of Business:

8720 NW 44TH ST
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

8720 NW 44TH ST
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0209493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, MARLENE A ESQ.
4430 INVERRARY BLVD.
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

ARMSTRONG, MARLENE A ESQ.
1000 E. ATLANTIC BOULEVARD
SUITE 204
POMPANO BEACH, FL 33060 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: MARLENE ARMSTRONG 10/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VC ( ) Delete
Name: GORDON, JOHN
Address: 154 NW 106 AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete
Name: GORDON, LINDA
Address: 154 NW 106 AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete
Name: GORDON, PHILIP
Address: 12385 NW 48TH DR
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: C ( ) Delete
Name: BLAIR, HERRO
Address: 8720 NW 44TH ST
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: DAVIS, BETHEL Y
Address: 8720 NW 44TH ST
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: BERNARD, JOYCE
Address: 8720 NW 44TH ST
City-St-Zip: SUNRISE, FL 33351

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
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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: JOHN GORDON VC 10/21/2009
Electronic Signature of Signing Officer or Director Date