

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002760

FILED  
Oct 28, 2009  
Secretary of State

**Entity Name:** NEW COVENANT DELIVERANCE CATHEDRAL, INC.

**Current Principal Place of Business:**

2404 NW 20 ST  
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

165 NW 15 ST  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 65-0509059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

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

GRISSETT, BISHOP R  
165 NW 15TH ST  
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: RALPH GRISSETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GRISSETT, BISHOP R  
Address: 165 NW 15TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: DV ( ) Delete  
Name: GRISSETT, IDA M  
Address: 165 NW 15TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: DS ( ) Delete  
Name: WIGGINS, HUBERT  
Address: 1721 NW 35TH TER  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: DT ( ) Delete  
Name: GRISSETT, DEACON C  
Address: 2801 NW 6TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: GILES, DEACON L  
Address: 2208 NW 20TH ST  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: GREEN, DEACON F JR  
Address: 424 NE 2ND ST  
City-St-Zip: BOYNTON BEACH, FL 33435

**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: RALPH GRISSETT

DP

10/28/2009

Electronic Signature of Signing Officer or Director

Date