## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N97000003271

City-St-Zip:

MIAMI, FL 33169

FILED Sep 29, 2008 Secretary of State

Entity Name: DELIVERING TEAM FAITH MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5619 PEMBROKE RD 3820 NW 166 STREET HOLLYWOOD, FL 33023 MIAMI, FL 33054 **Current Mailing Address: New Mailing Address:** 18601 NW 22 COURT MIAMI, FL 33056 FEI Number: 65-0764680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENRY, JOAN B 18601 NW 22 COURT MIAMI, FL 33056 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: JOAN B. HENRY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HENRY, JOAN B Name: Name: 18601 NW 22ST Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HART, DELORES Name: Address: 1935 N.W. 185TH STREET Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition SIMMONDS, CLAUDETTE Name: Name: Address: 3211 SALINAS WAY Address: City-St-Zip: MIRAMAR, FL 33028 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: VILLIERS, KATHLEEN Name: Address: 940 NW 179 TERRACE Address:

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.

City-St-Zip:

SIGNATURE: JOAN B. HENRY PD 09/29/2008