

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005546

FILED  
Sep 25, 2006  
Secretary of State

**Entity Name:** LIBERTY TRUTH & DELIVERANCE TABERNACLE OF GOD INC.

**Current Principal Place of Business:**

105 N 15 STREET  
FT PIERCE, FL 34954

**New Principal Place of Business:**

**Current Mailing Address:**

3404 AVE.  
FORT PIERCE, FL 34947

**New Mailing Address:**

105 N. 15TH STREET  
FORT PIERCE, FL 34947

**FEI Number:** 65-0873199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

COPELAND, BARBARA J  
3404 AVE S  
FT PIERCE, FL 34947      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: BARBARA J. COPELAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COPELAND, WILLIAM REV  
Address: 3404 AVE. S.  
City-St-Zip: FT. PIERCE, FL 34947

Title: T ( ) Delete  
Name: KING, DENESIA E  
Address: 2302 NORTH 43RD ST  
City-St-Zip: FORT PIERCE, FL 34946

Title: T ( ) Delete  
Name: SEAY, FRANK  
Address: 481 NE CAMELOT DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T ( ) Delete  
Name: MCBRIDE, ANGEL  
Address: 604 S. 7TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: T ( ) Delete  
Name: VON BROWN, JERO  
Address: 2710 AVE.  
City-St-Zip: FORT PIERCE, FL 34950

Title: T. ( ) Delete  
Name: SEAY, ADRINA  
Address: 481 NE CAMELOT DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: KING, DENESIA E  
Address: 2801 KINGSLEY DRIVE  
City-St-Zip: FORT PIERCE, FL 34946

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

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

Title: T (X) Change ( ) Addition  
Name: VON BROWN, JERO  
Address: 2203 AVE.  
City-St-Zip: FORT PIERCE, FL 34950

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA J. COPELAND

T

09/25/2006

Electronic Signature of Signing Officer or Director

Date