

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007151

FILED
Jun 02, 2005
Secretary of State

Entity Name: DELIVERANCE GOSPEL TEMPLE WORSHIP CENTER, INC.

Current Principal Place of Business:

PO BOX 2786
GAINESVILLE, FL 22602

New Principal Place of Business:

Current Mailing Address:

PO BOX 2786
GAINESVILLE, FL 22602

New Mailing Address:

FEI Number: 59-3616996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMES, KATHLEEN
2016 SW 73RD ST.
GAINESVILLE, FL 32607 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: KATHLEEN DAMES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAMES, KATHLEEN
Address: 2016 S.W. 73RD ST.
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: DANIELS, BETTY J
Address: 1101 SE 15TH ST APT 48
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: THOMAS, BARBARA
Address: 1101 SE 15TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: EAGLE, CAROLYN
Address: 15 NE 14TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: GREENWOOD, TANAKA
Address: 96 N MAIN ST
City-St-Zip: WALDO, FL 32694

Title: D () Delete
Name: NEAL, FLORIDA
Address: 17779 HWY 329
City-St-Zip: REDDICK, FL 32686

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:

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City-St-Zip:

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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 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 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: CAROLYN EAGLE

D

06/02/2005

Electronic Signature of Signing Officer or Director

Date