2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# N04000011140

Entity Name: TABERNACLE OF PRAISE DELIVERANCE CHURCH MINISTRY, INC.

Current Principal Place of Business:

114 N. MADISON
QUINCY, FL 32351

New Principal Place of Business:

108 N. MADISON
QUINCY, FL 32351

Current Mailing Address:

PO BOX 2251
QUINCY, FL 32351

New Mailing Address:

FEI Number: 42-1647309 **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:

FRISON, ARDELLA B
330 HOLT LANE
QUINCY, FL 32351 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: ARDELLA B FRISON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRISON, ARDELLA
Address: 330 HOLT LANE
City-St-Zip: QUINCY, FL 32351

Title: CP ( ) Delete
Name: FRISON, ARCHIE LEE
Address: 330 HOLT LANE
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete
Name: FRISON, ARPRYLLA
Address: 330 HOLT LANE
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete
Name: BOSTICK, AMOS
Address: 80 NORTH MARTY ST
City-St-Zip: QUINCY, FL 32351

Title: FS ( ) Delete
Name: WILLIAMS, TAMARA
Address: 1467 NASHVILLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

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:

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: ARDELLA FRISON P 10/16/2009

Electronic Signature of Signing Officer or Director — Date