2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000001391

FILED Sep 26, 2007 Secretary of State

Entity Name: TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 1120 SW SILVER SPRINGS BOULEVARD OCALA, FL 34475 US **Current Mailing Address: New Mailing Address:** 1120 SW SILVER SPRINGS BOULEVARD OCALA, FL 34475 US FEI Number: 59-3319732 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: BROWN, ROZELLA 1217 NE OSCEOLA AVE. OCALA, FL 34470 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: ROZELLA BROWN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROWN, ROZELLA Name: Name: 1217 NE OSCEOLA AVE Address: Address: City-St-Zip: OCALA, FL City-St-Zip: Title: Title: () Delete () Change () Addition JACKSON, MARY Name: Name: Address: 1613 NW 20TH AVE Address: City-St-Zip: OCALA, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition JACKSON, LORETTA JACKSON, LORETTA Name: Name: 6251 SE 36TH AVE 5510 SE 34TH COURT Address: Address: City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL Title: () Delete Title: () Change () Addition Name: BENNETT, BARBARA Name: 2614 NW 21ST STREET Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACKSON, EDDIE L JR. JACKSON, EDDIE L JR. Name: Name: 6251 SE 36TH AVENUE 5510 SE 34TH CT Address: Address: City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL Title: () Delete Title: () Change () Addition BROWN, CHRISTINE Name: Name: Address: 1120 SW BROADWAY Address: OCALA, FL 34474 City-St-Zip: 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: LORETTA F JACKSON DIR 09/26/2007