


**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 038 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N0300000668			
1. Entity Name LOVE TEMPLE OF DELIVERANCE CENTER II, INC			
Principal Place of Business 2219 6 AVE SOUTH ST PETERSBURG, FL 33713		Mailing Address P.O. 10055 SAINT PETERSBURG, FL 33733	
2. Principal Place of Business 1655 16th Street S		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
4. FEI Number 41-2110346		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.76 Additional Fee Required	
6. Name and Address of Current Registered Agent FORT, DAWN 2219 6 AVE SOUTH ST PETERSBURG FL 33713		7. Name and Address of New Registered Agent Name: <u>same</u> Street Address (P.O. Box Number is Not Acceptable): <u>1655 16th Street S</u> City: <u>St. Petersburg</u> FL Zip Code: <u>33705</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>(Signature, name or printed name of registered agent and date of signature) (NOTE: Registered Agent election required when releasing)</small>			
Filing Fee is \$21.25 Due by September 7, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, KIMBERLY	NAME	
STREET ADDRESS	P.O. BOX 10055	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, DAWN	NAME	
STREET ADDRESS	P.O. BOX 10055	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, REGINA	NAME	Alberta McKinney
STREET ADDRESS	2219 6TH AVE S.	STREET ADDRESS	P.O. BOX 10055
CITY-ST-ZIP	SAINT PETERSBURG, FL 33733	CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Dawn Fort</u>		5/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50053513



06272005 Cng-NP CR2E037 (10/03)