2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# N03000008889

Entity Name: LOVE TEMPLE OF DELIVERANCE CENTER II, INC

Current Principal Place of Business:

6485 34TH AVE. N
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10055
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 41-2110948 **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:

FORTT BROWN, DAWN
6485 34TH AVE. N
SAINT PETERSBURG, FL 33710 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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: ADDISON, KIMBERLY
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: P ( ) Delete
Name: FORTT BROWN, DAWN
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: T ( ) Delete
Name: WARREN, REMONICA
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: ANDERSON, SHAMIKA
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

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: DAWN FORTT BROWN P 07/10/2009
Electronic Signature of Signing Officer or Director Date