


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000633</b>					
1. Entity Name NEW DELIVERANCE EVANGELISTIC TEMPLE, INC.					
Principal Place of Business 1401 42ND ST WEST PALM BEACH FL 33407			Mailing Address PO BOX 11321 RIVIERA BEACH FL 33419		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0726422	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				1st MOORE CR2E037 (10/04)	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remailing)					
DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSH, YVONNE VORESE		NAME		
STREET ADDRESS	2208 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, ANNA LEE		NAME		
STREET ADDRESS	2208 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEDRICK, ROOSEVELT		NAME		
STREET ADDRESS	2208 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES, JENECE		NAME		
STREET ADDRESS	2208 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSH, LASHUNN		NAME		
STREET ADDRESS	2208 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		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(3)(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: <i>Yvonne Bush / Yvonne Bush</i>			Date: <i>4/25/05</i>		Daytime Phone #: <i>(561) 840-7690</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					