


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752224 (6)</b> 1. Corporation Name <b>EVANGELISTIC TEMPLE OF DELTONA, INC.</b>					
Principal Place of Business <b>2000 HOWLAND BLVD          16 REV. ADRIAN SANTOS P.O. BOX 5955          DELTONA FL 32738-3421</b>			Mailing Address <b>P.O. BOX 390026          DELTONA FL 32739-0026</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>04/29/1980</b> 3a. Date of Last Report <b>10/21/1996</b> 4. FEI Number <b>74-0005821</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SANTOS, REV. ADRIAN          1890 PIPPER TERRACE          DELTONA FL 32725 32738</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SANTOS, ADRIAN</b> STREET ADDRESS <b>1890 PIPPER TERRACE</b> CITY-ST-ZIP <b>DELTONA FL 32738</b>			1.1 TITLE <b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>GARIN, REYNALDO</b> 1.3 STREET ADDRESS <b>1426 Randolph St.</b> 1.4 CITY-ST-ZIP <b>Deltona, Florida 32725</b>		
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>SANTOS, BLANCA H</b> STREET ADDRESS <b>1890 PIPPER TERRACE</b> CITY-ST-ZIP <b>DELTONA FL 32738</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE NAME <b>PESANTE, JOSE F</b> STREET ADDRESS <b>501 MURPHY AVE</b> CITY-ST-ZIP <b>DELTONA FL 32725</b>			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>T</b> 3.3 STREET ADDRESS <b>Colon, Felix</b> 3.4 CITY-ST-ZIP <b>849, Swallow St Deltona Fl. 32725</b>		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>HERNANDEZ, WILFREDO</b> STREET ADDRESS <b>769 ARLENE DR</b> CITY-ST-ZIP <b>DELTONA FL 32728</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>MALDONADO, HECTOR</b> STREET ADDRESS <b>2431 E PANA DR</b> CITY-ST-ZIP <b>DELTONA FL 32738</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>MALDONADO, BLANCA</b> STREET ADDRESS <b>2431 E DANA DR</b> CITY-ST-ZIP <b>DELTONA FL 32738</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.