

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737347

FILED
Mar 15, 2006
Secretary of State

Entity Name: FAITH DELIVERANCE TEMPLE, INC.

Current Principal Place of Business:

625 W CHURCH ST.
P O BOX 585723
ORLANDO, FL 32858

New Principal Place of Business:

Current Mailing Address:

625 W CHURCH ST.
P O BOX 585723
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 59-1759019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CATHERINE
2243 PIPESTONE COURT
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

WILLIAMS, CATHERINE
5315 COYOTE TRAIL
ORLANDO, FL 32808 US

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: CATHERINE WILLIAMS

03/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, CATHERINE
Address: 5315 COYOTE TRAIL
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: SHACK, KINSEY
Address: 2232 MENOMONEE COURT
City-St-Zip: ORLANDO, FL 00000,

Title: D () Delete
Name: DEVOSE, LOUISA M.,
Address: 5266 LANETTE ST.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: HARRELL, ROSA,
Address: 4522 EDMOORE ST.
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: WILLIAMS, PHYLLIS L.,
Address: 5315 COYOTE TRAIL
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONATHAN WILLIAMS,
Address: 6120 SPARLING HILLS CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change () Addition
Name: TRACY DONALDSON,
Address: 5315 COYOTE TRAIL
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE WILLIAMS

P

03/15/2006

Electronic Signature of Signing Officer or Director

Date