

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 041 \*\*\*\*70.00

**DOCUMENT # N00000004923**

1. Entity Name

FOUNTAIN OF HOPE DELIVERANCE TEMPLE, INC.



Principal Place of Business

Mailing Address

P O BOX 2541  
DUNNELLON FL 34434

P O BOX 2541  
DUNNELLON FL 34434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665972

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JANICE  
1655 W PINION LANE  
DUNNELLON FL 34434

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

NAME: SMITH, JANICE ☐ Delete  
STREET ADDRESS: 1655 W PINION LANE  
CITY ST ZIP: DUNNELLON FL 34434

NAME: *Secretary Smith Krystal* ☐ Change ☒ Addition  
STREET ADDRESS: *1655 W PINION LN*  
CITY ST ZIP: *Dunnellon FL 34434*

NAME: SMITH, HAYWOOD C ☐ Delete  
STREET ADDRESS: 1655 W PINION LANE  
CITY ST ZIP: DUNNELLON FL 34434

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

NAME: SMITH, ANNIE M ☒ Delete  
STREET ADDRESS: 1183 N GROVELAND WAY  
CITY ST ZIP: CRYSTAL RIVER FL 34429

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

NAME: SMITH, ANDREW ☒ Delete  
STREET ADDRESS: 1183 N GROVELAND WAY  
CITY ST ZIP: CRYSTAL RIVER FL 34429

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY ST ZIP: ☐ Delete

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY ST ZIP: ☐ Delete

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Janice Smith* *Janice Smith*

*1-23-07* *352-465-4783*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #