

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004923

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** FOUNTAIN OF HOPE DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

210 NW 20TH AVE.  
OCALA, FL 34475 MA

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2541  
DUNNELLON, FL 34434

**New Mailing Address:**

**FEI Number:** 59-3665972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JANICE  
1655 W PINION LANE  
DUNNELLON, FL 34434 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: D  
Name: SMITH, JANICE  
Address: 1655 W PINION LANE  
City-St-Zip: DUNNELLON, FL 34434

Title: D  
Name: SMITH, HAYWOOD C  
Address: 1655 W PINION LANE  
City-St-Zip: DUNELLON, FL 34434

Title: S  
Name: SMITH, KRYSTAL  
Address: 1655 W PINION LANE  
City-St-Zip: DUNNELLON, FL 34434

I hereby 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 all other like empowered.

SIGNATURE: JANICE SMITH

SECR

02/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date