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

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-16-2007 90017 016 ****62.00

66018756

1st MOORE CR2E037 (10/06)

DOCUMENT # N01000006899

1. Entity Name

THE DELIVERANCE HOLY TEMPLE, INC.

Principal Place of Business	Mailing Address
202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	202 N.W. 9TH AVE. BOYNTON BEACH FL 33435

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 03-0435160 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, ROBERT L PASTOR 202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	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 title if applicable. (NOTE: Registered Agent signature required when resigning) 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	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT L	NAME	KAREN LEE
STREET ADDRESS	1132 AVENUE D	STREET ADDRESS	202 N.W 9th AVE
CITY-ST-ZIP	FT PIERCE FL 34950	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, PATRICIA	NAME	Joyce Hill
STREET ADDRESS	1132 AVENUE D	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	FT PIERCE FL 34950	CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	AP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NELSON, ANGELO C	NAME	Daintavious Devon Lee
STREET ADDRESS	314 SW 5TH STREET	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEARSELL, MELISSA	NAME	
STREET ADDRESS	5241 CEDAR LAKE ROAD, APT #435	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ROTRICE F	NAME	
STREET ADDRESS	5015 WINTER GARDEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, RONAYA LAFAYE	NAME	
STREET ADDRESS	202 N.W. 9TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	

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: Robert Smith — 4-30-07 — 561)396-7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

DOCUMENT # N01000006899

1. Entity Name

THE DELIVERANCE HOLY TEMPLE, INC.

ATTACHMENT

660187156

Principal Place of Business	Mailing Address
202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	202 N.W. 9TH AVE. BOYNTON BEACH FL 33435

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

1st MOORE CR2E037 (10/06)

4. FEI Number 03-0435160 — Applied For / Not Applicable

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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, ROBERT L PASTOR 202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE	D Pastor ☐ Delete	TITLE	T Assistant Secretary ☐ Change ☐ Addition
NAME	SMITH, ROBERT L	NAME	KAREN LEE
STREET ADDRESS	1132 AVENUE D	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	FT PIERCE FL 34950	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	S. Secretary ☐ Delete	TITLE	T Assistant Treasurer ☐ Change ☐ Addition
NAME	SMITH, PATRICIA	NAME	Joyce Hill
STREET ADDRESS	1132 AVENUE D	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	FT PIERCE FL 34950	CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	AD ☐ Delete	TITLE	Deacon ☐ Change ☐ Addition
NAME	NELSON, ANGELO C	NAME	Dantavious Devon Lee
STREET ADDRESS	314 SW 9TH STREET	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	T ☐ Delete	TITLE	Deacon ☐ Change ☐ Addition
NAME	PEARSELL, MELISSA	NAME	George Lee Jr.
STREET ADDRESS	5241 CEDAR LAKE ROAD, APT #435	STREET ADDRESS	202 N.W. 9th AVE
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	Boynton Beach, FLA 33435
TITLE	T Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ROTRICE F	NAME	
STREET ADDRESS	5015 WINTER GARDEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	CITY-ST-ZIP	
TITLE	S Assistant Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, RONAYA LAFAYE	NAME	
STREET ADDRESS	202 N.W. 9TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	

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: Robert Smith 4-30-07 561) 396-7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

660187560

#N01000006899

June 3, 2007
202 N.W. 9th Ave.
Boynton Bch. Fl.

To whom it may concern:
This is an addendum to the Annual Report for Deliverance Holy Temple Inc.

Smith, Robert Pastor
Smith, Patricia Secretary
Lee, Karen Assistant Secretary
Smith, Rotrice Treasurer
Hill, Joyce Assistant Treasurer
Smith, Ronaya Assistant Treasurer
Lee, Dantavious Deacon
Lee, George Deacon

Thank You,
Robert Smith , Pastor
Deliverance Holy Temple, Inc.

Robert Smith