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

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DOCUMENT # N01000006899

1. Entity Name

THE DELIVERANCE HOLY TEMPLE, INC.

66018756

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

1st MOORE CR2E037 (10/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROBERT L 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KAREN LEE 202 N.W 9th AVE Boynton Beach, FL 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, PATRICIA 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Joyce Hill 202 N.W. 9th AVE Boynton Beach FL 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD NELSON, ANGELO C 314 SW 5TH STREET DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Daintavious Devon Lee 202 N.W. 9th AVE Boynton Beach, FL 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARSELL, MELISSA 5241 CEDAR LAKE ROAD, APT #435 BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ROTRICE F 5015 WINTER GARDEN PARKWAY FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, RONAYA LAFAYE 202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: 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

660187560

1st MOORE CR2E037 (10/06)

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

SMITH, ROBERT L PASTOR
202 N.W. 9TH AVE.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pastor SMITH, ROBERT L 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Assistant Secretary KAREN LEE 202 N.W. 9th AVE Boynton Beach, FL 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary SMITH, PATRICIA 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Assistant Treasurer Joyce Hill 202 N.W. 9th AVE Boynton Beach FL 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD NELSON, ANGELO C 314 SW 9TH STREET DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Dantavious Devon Lee 202 N.W. 9th AVE Boynton Beach, FL 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARSELL, MELISSA 5241 CEDAR LAKE ROAD, APT #435 BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon George Lee JR. 202 N.W. 9th Ave Boynton Beach, FLA 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer SMITH, ROTRICE F 5015 WINTER GARDEN PARKWAY FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Assistant Treasurer SMITH, RONAYA LAFAYE 202 N.W. 9TH AVE. BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Robert Smith 4-30-07 (561) 396-7541

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

ATTACHMENT

660187576

#N0100000689

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