

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006899

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE DELIVERANCE HOLY TEMPLE, INC.

**Current Principal Place of Business:**

202 N.W. 9TH AVE.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

202 N.W. 9TH AVE.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 03-0435160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ROBERT L PASTOR  
202 N.W. 9TH AVE.  
BOYNTON BEACH, FL 33435 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 ( ) Delete  
Name: SMITH, ROBERT L  
Address: 1132 AVENUE D  
City-St-Zip: FT PIERCE, FL 34950

Title: S ( ) Delete  
Name: SMITH, PATRICIA  
Address: 1132 AVENUE D  
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete  
Name: LEE, KAREN  
Address: 202 NW 9TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete  
Name: HILL, JOYCE  
Address: 202 NW 9TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: SMITH, ROTRICE F  
Address: 5015 WINTER GARDEN PARKWAY  
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete  
Name: SMITH, RONAYA LAFAYE  
Address: 202 N.W. 9TH AVE.  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L. SMITH

REV. \_\_\_\_\_

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date