

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001889

FILED
May 01, 2004
Secretary of State

Entity Name: LIFE TEMPLE OF DELIVERANCE, INC.

Current Principal Place of Business:

2725 LAURA ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3184
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 37-1424567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIE F
1950 PAINE AVE., CND #16
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

WILLIAMS, WILLIE F
11357 BLOSSOM RIDGE DRIVE
JACKSONVILLE, FL 32218 US

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: WILLIE F WILLIAMS

05/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, WILLIE F
Address: 1950 PAINE AVE., CND #16
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: WILLIAMS, GWENDOLYN D
Address: 1950 PAINE AVE., CND #16
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: WILLIAMS, ELIZABETH T
Address: 1922 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: TAYLOR, ESEK H
Address: 5943 KENLYN CT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, WILLIE F
Address: 11357 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: WILLIAMS, GWENDOLYN D
Address: 11357 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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 for the exemption stated in Section 119.07(3)(i), 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: GWENDOLYN D WILLIAMS

VP

05/01/2004

Electronic Signature of Signing Officer or Director

Date