

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001668

FILED  
May 30, 2008  
Secretary of State

**Entity Name:** LOVE, FAITH, AND PEACE DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

5406 AVENUE B  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

8409 COLTON ST.  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 42-1577054      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GOODMAN, SHENAVIAN F  
615 QUAIL LANE  
MACCLENLY, FL 32063      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: PD      ( ) Delete  
Name: JAMES, FRANK JR  
Address: 8409 COLTON ST.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD      ( ) Delete  
Name: TORRENCE, NAARAH  
Address: PO BOX 12874  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD      ( ) Delete  
Name: JAMES, JANICE  
Address: 8409 COLTON ST.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D      ( ) Delete  
Name: KOROMA, YEAMA TRUSTEE  
Address: 7061 OLD KINGS ROAD #74  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D      ( ) Delete  
Name: GATHERS, PATRICIA TRUSTEE  
Address: 426 5TH STREET SOUTH  
City-St-Zip: JACKSONVILLE, FL 32250

**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:

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: NAARAH TORRENCE

SD

05/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date