

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001668

FILED
May 01, 2009
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 ()**
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

05/01/2009

Electronic Signature of Signing Officer or Director

Date