

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004782

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: IMANI TEMPLE OF DELIVERANCE INC.

**Current Principal Place of Business:**

2996 NE 55TH AVE.  
SILVER SPRINGS, FL 34489

**New Principal Place of Business:**

**Current Mailing Address:**

2996 NE 55TH AVE.  
SILVER SPRINGS, FL 34489

**New Mailing Address:**

FEI Number: 51-0469098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDWARE, EVELYN F  
3 PECAN PASS CSE.  
OCALA, FL 34472 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: MASON, HAROLD R PASTOR  
Address: 575-A FAIRWAYS CIRCLE  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete  
Name: GOLDWARE, OLIVER  
Address: 3 PECAN PASS COURSE  
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete  
Name: DICORTE, ROBYN L  
Address: 14940 NE 146TH LANE  
City-St-Zip: FT. MCCOY, FL 32134

Title: T ( ) Delete  
Name: DAILEY, TWANDA  
Address: 575-AFAIRWAYS CIRCLE  
City-St-Zip: OCALA, FL 34472

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

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

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

Title: SD (X) Change ( ) Addition  
Name: LIGHTFOOT, MICHELLE  
Address: 10115 SE SUNSET HARBOR RD  
City-St-Zip: SUMMERFIELD, FL 34491

Title: T (X) Change ( ) Addition  
Name: JONES, CATHERINE  
Address: 2387 W HWY 316  
City-St-Zip: CITRA, FL 32113

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: HAROLD R MASON

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date