

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004782

FILED
Jun 20, 2005
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 ()
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:

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: LIGHTFOOT, MICHELLE
Address: 10115 SE SUNSET HARBOR RD
City-St-Zip: SUMMERFIELD, FL 34491

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

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:

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

06/20/2005

Electronic Signature of Signing Officer or Director

Date