

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008889

FILED
May 03, 2007
Secretary of State

Entity Name: LOVE TEMPLE OF DELIVERANCE CENTER II, INC

Current Principal Place of Business:

1655 16TH STREET S
SAINT PETERSBURG, FL 33705

New Principal Place of Business:

4934 9TH AVENUE S.
SAINT PETERSBURG, FL 33705

Current Mailing Address:

P.O. BOX 10055
SAINT PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 41-2110948 **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:

FORTH, DAWN
1655 16TH STREET S
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

FORTT, DAWN
4934 9TH AVENUE S.
SAINT PETERSBURG, FL 33705 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: DAWN FORTT

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ADDISON, KIMBERLY
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: P () Delete
Name: FORTT, DAWN
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: T () Delete
Name: WARREN, REMONICA
Address: P.O. BOX 10055
City-St-Zip: SAINT PETERSBURG, FL 33733

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:

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: DAWN FORTT

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date