

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008889

**FILED**  
**Jul 30, 2011**  
**Secretary of State**

**Entity Name:** LOVE TEMPLE OF DELIVERANCE CENTER II, INC

**Current Principal Place of Business:**

6485 34TH AVE. N  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

1201 4TH STREET S  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

P.O. BOX 10055  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

**FEI Number:** 41-2110948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTT BROWN, DAWN  
6485 34TH AVE. N  
SAINT PETERSBURG, FL 33710 US

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

FORTT BROWN, DAWN  
1201 4TH STREET S  
SAINT PETERSBURG, FL 33702 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: PASTOR D. FORTT BROWN

07/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: SINGLETON, HYL A  
Address: P.O. BOX 10055  
City-St-Zip: SAINT PETERSBURG, FL 33733

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

Title: T  
Name: RICHARDS, SERITA  
Address: P.O. BOX 10055  
City-St-Zip: SAINT PETERSBURG, FL 33733

I hereby 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 all other like empowered.

SIGNATURE: DAWN FORTT BROWN

PAST

07/30/2011

Electronic Signature of Signing Officer or Director

Date