FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

'95 MAR -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04551 (0)

1. Corporation Name
GATES OF HEAVEN DELIVERANCE TEMPLE, INC.

Principal Place of Business	Mailing Address
C/O JOHN F. MACLENNAN P.O. BOX 3484 JACKSONVILLE FL 32206	C/O JOHN F. MACLENNAN P.O. BOX 3484 JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1984
3a. Date of Last Report: 02/16/1994
4. FEI Number: 07-9872437 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MACLENNAN, JOHN F.
1920 SAN MARCO BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SMITH, PASTOR ELLENE C.	1.2 NAME	Smith, Pastor Ellene C.	
STREET ADDRESS	926 ARDOON STREET	1.3 STREET ADDRESS	853 Fernway St.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fla 32208	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BROTHER JOHN A	2.2 NAME		
STREET ADDRESS	926 ARDOON STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WILLIAMS, SISTER JANICE	3.2 NAME	Ballard,Mnst, Paul	
STREET ADDRESS	926 ARDOON STREET	3.3 STREET ADDRESS	6528 Sunset Drive	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fla. 32208	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS,SISTER ELOISE	4.2 NAME		
STREET ADDRESS	926 ARDOON STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, MNST, BRUCE	5.2 NAME		
STREET ADDRESS	2942 RIBAULT CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, BROTHER JAMES C.	6.2 NAME		
STREET ADDRESS	528 W 25TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pastor Ellene C. Smith Ellene C. Smith February 16, 1995 904-768-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0024006