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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32206-0484

3. Date Incorporated or Qualified  
08/06/1984

3a. Date of Last Report  
02/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
07-9872437

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SMITH, PASTOR ELLENE C.  
STREET ADDRESS 853 FERNWAY ST.  
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME WILLIAMS, BROTHER JOHN A  
STREET ADDRESS 926 ARDOON STREET  
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE SD ☐ DELETE  
NAME WILLIAMS, SISTER JANICE  
STREET ADDRESS 926 ARDOON STREET  
CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE  
NAME CUMMINGS, SISTER ELOISE  
STREET ADDRESS 926 ARDOON STREET  
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME WELLS, MNST, BRUCE  
STREET ADDRESS 2942 RIBAUT CIRCLE  
CITY - ST - ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME WRIGHT, BROTHER JAMES C.  
STREET ADDRESS 528 W 25TH STREET  
CITY - ST - ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: ELLENE C. SMITH 1-6-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004669

CR2E037 (9/96)