

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90011 025 \*\*\*\*70.00

**DOCUMENT # N04551**

1. Entity 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

C0009326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

07-9872437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, PASTOR ELLENE C.	
STREET ADDRESS	853 FERNWAY ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BROTHER JOHN A	
STREET ADDRESS	926 ARDOON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SISTER JANICE	
STREET ADDRESS	926 ARDOON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, SISTER ELOISE	
STREET ADDRESS	926 ARDOON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, MNST, BRUCE	
STREET ADDRESS	2942 RIBAUT CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, BROTHER JAMES C.	
STREET ADDRESS	528 W 25TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10856 KEY HAVEN BLVD.	
STREET ADDRESS	JACKSONVILLE, FL. 32218	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10856 KEY HAVEN BLVD.	
STREET ADDRESS	JACKSONVILLE, FL. 32218	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTEN, SISTER ANGELA	
STREET ADDRESS	4375 CONFEDERATE PT. ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINST. BAILARD PAUL	
STREET ADDRESS	6528 SUNSET DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elleene C. Smith ELLENE C. SMITH

01-18-2000

904-768-2963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)