

DOCUMENT # N04551	
1. Entity Name	
GATES OF HEAVEN DELIVERANCE TEMPLE, INC.	

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90015 015 ****70.00

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
07-9872437	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MACLENNAN, JOHN F. 1920 SAN MARCO BLVD JACKSONVILLE FL 32207	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
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	10856 KEY HAVEN BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32218 3
TITLE	SD <input type="checkbox"/> Delete
NAME	WILLIAMS, SISTER JANICE
STREET ADDRESS	10856 KEY HAVEN BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	TD <input type="checkbox"/> Delete
NAME	MOTEN, SISTER ANGEL
STREET ADDRESS	4375 CONFEDERATE, PT. RD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, MNST, BRUCE
STREET ADDRESS	2942 RIBAUT CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	BALLARD, PAUL MNST
STREET ADDRESS	6528 SUNSET DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01-08-2001 904-768-2963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)