NOT-FOR-PROFIT CORPORATION UBR)

DOCUMENT # NO 455 |

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



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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http://www.common.com/sections/sections/sections/sections/sections/sections/sections/sections/sections/sections	
2. Principal Place of Business	3. Mailing Address
592 ELLIS ROAD	Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
I/12.P.O.Box 3484	P.O. Box 3484

DO NOT WRITE IN THIS SPACE

4. FEI Number 07_9872437

7. Name and Address of Current Registered Agent

Applied For Not Applicable

JACKSON VILLE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE

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

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Street Addr	ess (P.O. Bo	x Number	is Not Accepta	able)
1721	0.54	N IVI	HKCO,	13 V

JACKSON VILLE

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees Make Check Payable to

	Initial or Amended UBR	Trust Fund Contribution.	Ц	Added to Fees	Florida Department of State
10. Þ	OFFICERS AND DIRECTORS	with the Mines	a Valle	a language of the second of the second	
TITLE	SMITH, PASTOR ELLENEC. SS 853 FERNWAY ST.	. TITLE		a a a a a a a a a a a a a a a a a a a	GDDZENDDN KAR
NAME	SMITH, YASTOR ELLENEC.	NAME	6.69	na /1 a /114	032754234 01053001 **61.25
STREET ADDRE	SS 853 FERNWAY St.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL.	COTY-ST-ZIP		4.5	
TITLE		TIFLE		กลว่าสวกล	032754234 01053002 **8.75
NAME	WILLIAMS, BROTHER JOHN A.	NAME	in Brain Barri		
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CITY-ST-ZIP	TACKSONVILLE, FL. 3221	CITY-ST-ZIP			HOL MITTE
TITLE	MOTEN, SISTER, ANGEL 3375 CONFEDERATE, PT. 1 JACKSON VILLE, FL. 3121	TITLE	THE STAN	INI	THIS SPACE
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CITY-ST-ZIP	JACKSON VILLE,	CITY-ST-ZIP	· William	and the company and a second	
TITLE	10	TTLE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
NAME	BALLARD, PAUL MINST SS 6528 SUNSET DRIVE	NAME	A STATE OF	aria da la compania de la compania La compania de la co	
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CITY-ST-ZIP	JACKSONVILLE FL.322		A CONTRACTOR	ekalika hida ada merangan sebil sebagai kalika da terb	and the state of t

^{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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ellow C Smith Pothy FILENE C. Smith

04-13-04 904 768-2963

CR2E037B (12/02)