

# 04 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO4551

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



FILED

04 APR 15 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

592 ELLIS, ROAD

Suite, Apt. #, etc.

1112 P.O. Box 3484

City & State

JACKSONVILLE, FL

Zip

32254

Country

DUVAL

3. Mailing Address

60 MACLENNAN, JOHN F.

Suite, Apt. #, etc.

P.O. Box 3484

City & State

JACKSONVILLE, FL

Zip

32206

Country

DUVAL

4. FEI Number

079872437

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MACLENNAN, JOHN F.

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

1920 SAN MARCO, BLVD.

City

JACKSONVILLE

FL

Zip Code

32207

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE VP  
NAME WILLIAMS, BROTHER JOHN A.  
STREET ADDRESS 10856 KEY HAVEN BLVD  
CITY-ST-ZIP JACKSONVILLE, 322183

TITLE SD  
NAME WILLIAMS, SISTER JANICE  
STREET ADDRESS 10856 KEY HAVEN BLVD  
CITY-ST-ZIP JACKSONVILLE, FL. 32218

TITLE TD  
NAME MOTEN, SISTER, ANGEL  
STREET ADDRESS 4375 CONFEDERATE, PT. RD.  
CITY-ST-ZIP JACKSONVILLE, FL. 32210

TITLE DW  
NAME WELLS, MINST BRUCE  
STREET ADDRESS 2942 RIBAUT, CIRCLE  
CITY-ST-ZIP JACKSONVILLE

TITLE PD  
NAME BALLARD, PAUL MINST  
STREET ADDRESS 6528 SUNSET DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL. 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400032754234**  
**04/14/04--01053--001 \*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400032754234**  
**04/14/04--01053--002 \*\*8.75**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400032754234**  
**04/14/04--01053--003 \*\*6.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ellene C. Smith-Pastor - ELLEN C. SMITH 04-13-04 904 768-2963

CR2E037B (12/02)