

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006852

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** GOD'S HOLY TEMPLE HEALING, DELIVERANCE, AND OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

219 SOUTH MALCOLM STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

76 PEOPLE RD  
QUINCY, FL 32352

**New Mailing Address:**

**FEI Number:** 65-1254774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, SHIRLEY A  
76 PEOPLE RD  
QUINCY, FL 32352 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISHER, ROBERT E  
Address: 76 PEOPLE RD  
City-St-Zip: QUINCY, FL 32352

Title: CP  
Name: FISHER, SHIRLEY A  
Address: 76 PEOPLE RD  
City-St-Zip: QUINCY, FL 32352

Title: DEAC  
Name: STOKES, RODNEY M  
Address: 84 PEOPLES RD  
City-St-Zip: QUINCY, FL 32352 US

Title: SEC.  
Name: PRIDE, SHAMEKA D  
Address: 80 PEOPLE RD  
City-St-Zip: QUINCY, FL 32352 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY A FISHER

CP

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date