2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000008553

Entity Name: TEMPLE OF HOPE DELIVERANCE MINISTRY INC.

Current Principal Place of Business:

4978 SOUTEL DRIVE
103
JACKSONVILLE, FL 32208

New Principal Place of Business:

1357 HART STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

1963 WEST 17TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

1357 HART STREET
JACKSONVILLE, FL 32209 DU

FEI Number: 75-3253038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASHINGTON, ETHEL
1963 WEST 17TH STREET
JACKSONVILLE, FL 32209 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 ( ) Delete
Name: WASHINGTON, ETHEL P PASTOR
Address: 1963 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete
Name: JONES, ALPHONSO CO-PAST
Address: 4978 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: JENNINGS, DEBORAH
Address: 4978 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WASHINGTON, ETHEL P PASTOR
Address: 1963 W. 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ETHEL WASHINGTON P 04/15/2009
Electronic Signature of Signing Officer or Director — Date