2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001946

Entity Name: EL KEDESH DELIVERANCE TEMPLE, INC.

FILED Apr 06, 2009 Secretary of State

1261 NW 175 TERRACE 19710 NW 2ND PLACE MIAMI, FL 33169 19710 NW 2ND PLACE MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

1261 NW 175 TERRACE P.O BOX 694904 MIAMI, FL 33169 P.O BOX 694904

FEI Number: 61-1559472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BARNES, UNA
1261 NW 175 TERRACE
MIAMI, FL 33169 US

BARNES, UNA
19710 NW 2ND PLACE
MIAMI, FL 33169 US

MIAMI, FL 33169 US

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: 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: BARNES, UNA Name: BARNES, UNA

Address: 1261 NW 175 TERRACE Address: P.O BOX 694904
City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33269

Title: D () Delete Title: D (X) Change () Addition Name: TROY, IRIS J Name: SPENCER, JANETTE

 Name:
 TROY, IRIS J
 Name:
 SPENCER, JANETTE

 Address:
 17640 NW 12 AVE
 Address:
 18900 NW 7TH AVE

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LARK, JOYCE
 Name:
 BRYANT, TEMIKA

 Address:
 17715 NW 37 AVE
 Address:
 P.O BOX 246492

City-St-Zip: MIAMI, FL 33056 City-St-Zip: PEMBROKE PINES, FL 33024

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: UNA BARNES D 04/06/2009