
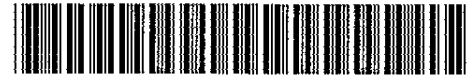


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N26586 1. Entity Name FULL GOSPEL TEMPLE OF DELIVERANCE INC.	
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Principal Place of Business P.O. BOX 231 RAIFORD FL 32083	Mailing Address P.O. BOX 231 RAIFORD FL 32083
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2947490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
FITTS, ROBERT RT 4 BOX 2807 LAKE BUTLER FL 32054	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code FL

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 _____ DATE _____

Signature: type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DYAL, GEORGE C.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	245 SW 3RD AVE.	NAME	
STREET ADDRESS	LAKE BUTLER FL	STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	STVD DYAL, CHRISTINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	245 SW 3RD AVE.	NAME	000000538255 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LAKE BUTLER FL 32054	STREET ADDRESS	05/09/06-80050-013 61.25
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	RA FITTS, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 4 BOX 2807	NAME	
STREET ADDRESS	LAKE BUTLER FL 32054	STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	D DIECHMAN, LILLIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 SW 2ND AVE	NAME	
STREET ADDRESS	LAKE BUTLER FL 32054	STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Dyal* CHRISTINE DYAL 111751010 3800 4910-7905