


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26586</b> 1. Entity Name <b>FULL GOSPEL TEMPLE OF DELIVERANCE INC.</b>		
Principal Place of Business P.O. BOX 231 RAIFORD FL 32083		Mailing Address P.O. BOX 231 RAIFORD FL 32083
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E037 (10/06)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>FITTS, ROBERT</b> <b>RT 4 BOX 2807</b> <b>LAKE BUTLER FL 32054</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYAL, GEORGE C.	NAME	
STREET ADDRESS	245 SW 3RD AVE.	STREET ADDRESS	
CITY- ST- ZIP	LAKE BUTLER FL	CITY- ST- ZIP	
TITLE	STVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYAL, CHRISTINE	NAME	U00000730427 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	245 SW 3RD AVE.	STREET ADDRESS	05/08/07-80081-003 61.25
CITY- ST- ZIP	LAKE BUTLER FL 32054	CITY- ST- ZIP	
TITLE	RA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITTS, ROBERT	NAME	
STREET ADDRESS	RT 4 BOX 2807	STREET ADDRESS	
CITY- ST- ZIP	LAKE BUTLER FL 32054	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIECHMAN, LILLIE	NAME	
STREET ADDRESS	250 SW 2ND AVE	STREET ADDRESS	
CITY- ST- ZIP	LAKE BUTLER FL 32054	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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** 4/23/07 (386) 496-2805