

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26586

FILED
Apr 06, 2009
Secretary of State

Entity Name: FULL GOSPEL TEMPLE OF DELIVERANCE INC.

Current Principal Place of Business:

P.O. BOX 231
RAIFORD, FL 32083

New Principal Place of Business:

245 SW 3RD AVE
LAKE BUTLER, FL 32054

Current Mailing Address:

P.O. BOX 231
RAIFORD, FL 32083

New Mailing Address:

FEI Number: 59-2947490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITTS, ROBERT
RT 4 BOX 2807
LAKE BUTLER, FL 32054 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: PD () Delete
Name: DYAL, GEORGE C.
Address: 245 SW 3RD AVE.
City-St-Zip: LAKE BUTLER, FL

Title: STVD () Delete
Name: DYAL, CHRISTINE
Address: 245 SW 3RD AVE.
City-St-Zip: LAKE BUTLER, FL 32054

Title: RA () Delete
Name: FITTS, ROBERT
Address: RT 4 BOX 2807
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: DIECHMAN, LILLIE
Address: 250 SW 2ND AVE
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GEORGE C. DYAL

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date