

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26586

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** FULL GOSPEL TEMPLE OF DELIVERANCE INC.

**Current Principal Place of Business:**

245 SW 3RD AVE  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**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  
Name: DYAL, GEORGE C.  
Address: 245 SW 3RD AVE.  
City-St-Zip: LAKE BUTLER, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE C DYAL

PD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date