

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002946 (9)
 1. Corporation Name
THE CHURCH OF JESUS CHRIST, FAITH, HEALING AND DELIVERANCE TEMPLE, INC.



Principal Place of Business 725 NORTH U.S. #1 FORT PIERCE FL 34950	Mailing Address PASTOR FANNIE MONTS 2518 AVENUE L FORT PIERCE FL 34947-2474
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3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report N/A
4. FEI Number 65-0737714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 723 North U.S. #1 (Pelican Cove) Suite, Apt. #, etc. 22 N/A	2a. Mailing Address 26 2518 Ave. L Suite, Apt. #, etc. 27 N/A
City & State 23 Ft. Pierce, Florida	City & State 28 Ft. Pierce, FL
Zip 24 34950	Country 25 ST. Lucie
Zip 29 34947	Country 30

9. Name and Address of Current Registered Agent
**MONTS, FANNIE PASTOR
 2518 AVENUE L
 FORT MYERS FL 34947
 PIERCE**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D/P: President/Director
1.3 STREET ADDRESS	PASTOR FANNIE
1.4 CITY-ST-ZIP	2518 AVE L FORT PIERCE FL 34947
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/V: VICE President/DIRECTOR
2.3 STREET ADDRESS	Lucille Hubbard
2.4 CITY-ST-ZIP	1207 AVE J. Ft. Pierce FL 34950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/T: Treasurer/DEACON
3.3 STREET ADDRESS	Naomi Clark
3.4 CITY-ST-ZIP	206 NORTH 28TH STREET Ft. Pierce, FL 34947
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED Pastor Fannie Monts** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070761

CR2E037 (9/96)