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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002946

1. Corporation Name
THE CHURCH OF JESUS CHRIST, FAITH, HEALING AND D ELIVERANCE TEMPLE, INC.

Principal Place of Business
 1231 DELEWARE AVE
 FORT PIERCE FL 34950
 US

Mailing Address
 2518 AVE. L
 FORT PIERCE FL 34947



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For
22	City & State	City & State	Not Applicable
23	Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTS, FANNIE PASTOR 2518 AVENUE L FORT PIERCE FL 34947	81 Name MONTS, FANNIE PASTOR
	82 Street Address (P.O. Box Number is Not Acceptable) 1440 Lawnwood Cir. Apt. 160D
	83
	84 City Fort Pierce FL 85 Zip Code 34950

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTS, FANNIE PASTOR	1.2 NAME	MONTS, FANNIE PASTOR
STREET ADDRESS	2518 AVE L	1.3 STREET ADDRESS	1440 Lawnwood Cir. Apt. 160D
CITY-ST-ZIP	FORT PIERCE FL 34947	1.4 CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, LUCILLE	2.2 NAME	
STREET ADDRESS	1207 AVE J	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, NAOMI	3.2 NAME	
STREET ADDRESS	206 NORTH 28TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-21-99 DAYTIME PHONE #: 561-489-8087

CR2E037 (1-1/98)