

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90259 009 \*\*\*\*61.25

**DOCUMENT # N96000002946**

1. Entity Name  
**HEALING AND DELIVERANCE TEMPLE INC.**

Principal Place of Business 1231 DELAWARE AVE FORT PIERCE, FL 34950 US	Mailing Address PO BOX 3682 FT. PIERCE, FL 34949
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2. Principal Place of Business <i>1231 Delaware Ave</i>	3. Mailing Address <i>P.O. Box 3682</i>
Suite, Apt. #, etc. <i>Ft. Pierce FL 34950</i>	Suite, Apt. #, etc.

City & State <i>Ft. Pierce</i>	City & State <i>Ft. Pierce</i>	4. FEI Number <b>65-0737714</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34950</i>	Country <i>St. Lucie</i>	Zip <i>34948</i>	Country <i>St. Lucie</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>MONTS, FANNIE PASTOR</b> 1440 LAWNWOOD CIR APT 16D FORT PIERCE FL 34950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

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

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTS, FANNIE PASTOR 1440 LAWNWOOD CIR APT 16D FORT PIERCE FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBBARD, LUCILLE 1207 AVE J FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, NAOMI 206 NORTH 28TH STREET FORT PIERCE FL 34947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chandrika Pullen 2009 Delaware Ave Ft. Pierce FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. Pastor</i> Lucille Hubbard 1207 Ave J Ft. Pierce FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *J. MONTS* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *4-11-01* **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E037 (10/00)