

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90132 012 ****70.00

DOCUMENT # N96000002946

1. Entity Name

HEALING AND DELIVERANCE TEMPLE INC.

Principal Place of Business

Mailing Address

1231 DELAWARE AVE
 FORT PIERCE FL 34950
 US

PO BOX 3682
 FT PIERCE FL 34948

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1231 Delaware Ave

3. Mailing Address

P.O. Box 3682

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

4. FEI Number

65-0737714

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

34948

Country

St. Lucie

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

-MONTS, FANNIE PASTOR
 1440 LAWNWOOD CIR APT 16D
 FORT PIERCE FL 34950

Name **Fannie Monts**

Street Address (P.O. Box Number is Not Acceptable)

206 N. 28th St.

City **Ft. Pierce**

FL

Zip Code **34950**

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 **Jannie Monts**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	MONTS, FANNIE PASTOR	
STREET ADDRESS	1440 LAWNWOOD CIR APT 16D	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	AP	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, LUCILLE	
STREET ADDRESS	1207 AVE J	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLARK, NAOMI	
STREET ADDRESS	206 NORTH 28TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	T	<input type="checkbox"/> Delete
NAME	PULLEN, CHADRIKA	
STREET ADDRESS	2009 DELAWARE AVE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Pastor Jannie Monts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-02

Daytime Phone #

CR2E037 (9/01)