

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002946

FILED
Mar 15, 2005
Secretary of State

Entity Name: HEALING AND DELIVERANCE TEMPLE INC.

Current Principal Place of Business:

1231 DELAWARE AVE
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3682
FT PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-0737714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTS, FANNIE PASTOR
206 N 28TH ST
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

MONTS, FANNIE PASTOR
P.O. BOX 3682
FORT PIERCE, FL 34948 US

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

03/15/2005

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONTS, FANNIE PASTOR
Address: 1440 LAWNWOOD CIR APT 16D
City-St-Zip: FORT PIERCE, FL 34950

Title: DT () Delete
Name: CLARK, NAOMI
Address: 206 NORTH 28TH STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: T () Delete
Name: PULLEN, CHADRIKA
Address: 2009 DELAWARE AVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FANNIE MONTS

Electronic Signature of Signing Officer or Director

DP

03/15/2005

Date