

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002946

FILED  
Apr 14, 2008  
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:**

306 N 22ND ST  
FT PIERCE, FL 34950 US

**New Mailing Address:**

203 POINSETTIA PINE CT.  
#202  
TAMPA, FL 33612 US

FEI Number: 65-0737714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POITIER, CYNTHIA L PASTOR  
306 N. 22ND ST  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

MONTS, FANNIE B PASTOR  
203 POINSETTIA PINE CT.  
202  
TAMPA, FL 33612 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: FANNIE B. MONTS

04/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONTS, FANNIE PASTOR  
Address: 1613 E. 25TH AVE. APT. B  
City-St-Zip: TAMPA, FL 33605

Title: V ( ) Delete  
Name: POITIER, CYNTHIA  
Address: 306 N. 22ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: T ( ) Delete  
Name: TORRES, EDNA  
Address: 1231 DELAWARE AVE.  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MONTS, FANNIE B PASTOR  
Address: 203 POINSETTIA PINE CT. #202  
City-St-Zip: TAMPA, FL 33612

Title: V (X) Change ( ) Addition  
Name: PARKER, PETRONIA K PASTOR  
Address: 203 POINSETTIA PINE CT. #202  
City-St-Zip: TAMPA, FL 33612

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 B. MONTS

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date