

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002946

FILED
Apr 15, 2009
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:

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

New Mailing Address:

PO BOX 13717
FT. PIERCE, FL 34979 US

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 B PASTOR
203 POINSETTIA PINE CT.
202
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MONTS, FANNIE B PASTOR
5076 BROOK ACRES CIRCLE
TAMPA, FL 33610 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 5076 BROOK ACRES CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: V (X) Change () Addition
Name: PARKER, PETRONIA K PASTOR
Address: 18439 BRIDLE CLUB DRIVE
City-St-Zip: TAMPA, FL 33647

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: PETRONIA PARKER

PAS

04/15/2009

Electronic Signature of Signing Officer or Director

Date