

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002946

FILED  
Mar 12, 2010  
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 13717  
FT. PIERCE, FL 34979 US

**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 B PASTOR  
5076 BROOK ACRES CIRCLE  
TAMPA, FL 33610 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTS, FANNIE B PASTOR  
Address: 5076 BROOK ACRES CIRCLE  
City-St-Zip: TAMPA, FL 33610

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

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

I hereby 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 all other like empowered.

SIGNATURE: FANNIE B. MONTS

PAS.

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date