

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 28 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004430 (2)**  
 1. Corporation Name  
**HOLY GHOST DELIVERANCE EVANGELISTIC TEMPLE INCORPORATED**



Principal Place of Business P O BOX 2792 FT PIERCE FL 34954	Mailing Address P O BOX 2792 FT PIERCE FL 34954
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1919 N 35th Street</b>		2a. Mailing Address 26 <b>1507 Edgewood Terrace</b>		3. Date Incorporated or Qualified <b>08/22/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>Ft Pierce Apt A</b>		4. FEI Number <b>65-0694015</b>		Applied For Not Applicable	
City & State 23 <b>Fort Pierce FL</b>		City & State 28 <b>Florida</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34947</b>		Country 25 <b>America</b>		Zip 29 <b>34950</b>		Country 30 <b>America</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

g. Name and Address of Current Registered Agent <b>WILLIAMS, GWENDOLYN E 1507 EDGEWOOD TER FT PIERCE FL 34950</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gwendolyn Williams* *Gwendolyn Williams - Overseer & Founder* **7/28/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Director - Gwendolyn Williams</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1507 Edgewood Terrace</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Ft Pierce FL 34950</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Director Willie Scott</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4740 N.W. 173rd Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Oak Lake FL 32055</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Director Anisella Dickey</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2605 Avenue A</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Ft Pierce FL 34947</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gwendolyn Williams* **(561) 464-3298**  
 SIGNATURE REQUIRED *Gwendolyn Williams* **7/28/97**

CR2E037 (4/97)