

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

P O BOX 2792
FT PIERCE FL 34954

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FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/22/1996

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
1919 N 35th Street

2a. Mailing Address
1507 Edgewood Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce FL

City & State
Florida

Zip
34947

Country
America

Zip
34950

Country
America

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, GWENDOLYN E
1507 EDGEWOOD TER
FT PIERCE FL 34950**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN **12**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
Director - Gwendolyn Williams

1.3 STREET ADDRESS ☐ Change ☒ Addition

1.4 CITY - ST - ZIP
**1507 Edgewood Terrace
Fort Pierce FL 34950**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
Director Willie Scott

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY - ST - ZIP
**4740 N.W. 178th Street
Oak Ridge FL 32055**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
Director Anisella Dickey

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY - ST - ZIP
**2605 Avenue A
Fort Pierce FL 34947**

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

SIGNATURE REQUIRED

Gwendolyn Williams

**(561) 464-3298
7/28/97**

CR2E037 (4/97)