

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 06 1998 8:00am
 Secretary of State

0012.1

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000004430 (2)
 1. Corporation Name
 HOLY GHOST DELIVERANCE EVANGELISTIC TEMPLE INCORPORATED



Principal Place of Business: 1919 N 25TH STREET, FORT PIERCE FL 34947, US
 Mailing Address: 1507 EDGEWOOD TERRACE, APT A, FT PIERCE FL 34950, US

3. Date Incorporated or Qualified: 08/22/1996
 4. FEI Number: 65-0694015
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WILLIAMS, GWENDOLYN E
 1507 EDGEWOOD TER
 FT PIERCE FL 34950

10. Name and Address of New Registered Agent (81-85)
 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* DATE: 8/12/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	WILLIAMS, GWENDOLYN	
STREET ADDRESS	1507 EDGEWOOD TERRACE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	DELETED
NAME	SCOTT, WILLIE	
STREET ADDRESS	4740 NW 178TH STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	DELETED
NAME	DICKEY, PRISCILLA	
STREET ADDRESS	2605 AVENUE R	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Change	Addition
1.2 NAME	Williams, Willie		
1.3 STREET ADDRESS	1507 Edgewood Terrace		
1.4 CITY-ST-ZIP	Ft Pierce Fl 34950		
2.1 TITLE	T	Change	Addition
2.2 NAME	Banks, Amereatha		
2.3 STREET ADDRESS	4708 El-Nueva Avenue		
2.4 CITY-ST-ZIP	Ft Pierce FL 34946		
3.1 TITLE		Change	Addition
3.2 NAME	900002657279		
3.3 STREET ADDRESS	-10/07/98-01020-012		
3.4 CITY-ST-ZIP	***61.25		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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* *Gwendolyn Williams* DATE: 8/12/98 561 464-3298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)