

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004430

1. Entity Name
**HOLY GHOST DELIVERANCE EVANGELISTIC TEMPLE
INCORPORATED**



Principal Place of Business

**2897 ROGERS RD.
FORT PIERCE, FL 34981 US**

Mailing Address

**2897 ROGERS RD.
FORT PIERCE, FL 34981 US**



02212006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0694015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REEVES, GWENDOLYN
1919 NORTH 25TH ST.
FT PIERCE, FL 34947**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
REEVES, GWENDOLYN
2897 ROGERS RD.
FORT PIERCE, FL 34981**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AP
DICKEY, PRISCILLA
2605 AVE. R.
FT. PIERCE, FL 34946**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**M
REEVES, AARON
2897 ROGERS RD.
FORT PIERCE, FL 34981**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
DICKEY, ROSCOE
1213 AVENUE I.
FT. PIERCE, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
BANKS, ANNEREATHA
4708 E 1-NUEVA AVE.
FT. PIERCE, FL 34946**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000505584
04/26/06-00122-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annereatha Banks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06
Date

772-464-3298
Daytime Phone #