


**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
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**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-NP CRZE037 (11/05)

4. FEI Number 65-0694015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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6. 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-ST-ZIP	P REEVES, GWENDOLYN 2897 ROGERS RD. FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP DICKEY, PRISCILLA 2605 AVE. R. FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M REEVES, AARON 2897 ROGERS RD. FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, ROSCOE 1213 AVENUE I. FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKS, ANNEREATHA 4708 E 1-NUEVA AVE. FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000505894  
 04/26/06-00122-021 61.25

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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: Anneretha Banks / Anneretha Banks 2/21/06 772-464-3298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #