


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 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	



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0694015	Applied For <input type="checkbox"/> 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**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

**DO NOT WRITE
IN THIS SPACE**

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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 617, 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 - Annereatha Banks* **4/6/07** **722 209-9006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #