


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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

DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0694015

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000930870
 05/21/08-80126-009 70.00

10. OFFICERS AND DIRECTORS

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

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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* **4/21/08** **(772) 209-9006**

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