

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004430

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** HOLY GHOST DELIVERANCE EVANGELISTIC TEMPLE INCORPORATED

**Current Principal Place of Business:**

2897 ROGERS RD.  
FORT PIERCE, FL 34981 US

**New Principal Place of Business:**

**Current Mailing Address:**

2897 ROGERS RD.  
FORT PIERCE, FL 34981 US

**New Mailing Address:**

FEI Number: 65-0694015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REEVES, GWENDOLYN  
Address: 2897 ROGERS RD.  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: AP ( ) Delete  
Name: DICKEY, PRISCILLA  
Address: 2605 AVE. R.  
City-St-Zip: FT. PIERCE, FL 34946

Title: M ( ) Delete  
Name: REEVES, AARON  
Address: 2897 ROGERS RD.  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: D ( ) Delete  
Name: DICKEY, ROSCOE  
Address: 1213 AVENUE I.  
City-St-Zip: FT. PIERCE, FL 34950

Title: S ( ) Delete  
Name: BANKS, ANNREATHA  
Address: 4708 E 1-NUEVA AVE.  
City-St-Zip: FT. PIERCE, FL 34946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HARRIS, CHLORISSA  
Address: 2017 OLEANDER BLVD APT B  
City-St-Zip: FT. PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHLORISSA HARRIS

S

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date