2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006605

1. Entity Name
HOLY BAND OF INSPIRATION DELIVERANCE TEMPLE OF OCALA, INC.

Principal Place of Business	Mailing Address
1019 N.W. 10 STREET OCALA, FL 34474	1019 N.W. 10 STREET OCALA, FL 34474

02212007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3638866
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANKS, JOHN SR.
7895 S.E. 36 CT. ROAD
OCALA, FL 34471

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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 John Hanks, SR. John Hanks, SR. 2/20/07
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANKS, JOHN
STREET ADDRESS	7895 S.E. 36 CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	HANKS, LILLIE
STREET ADDRESS	7895 S.E. 36 CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	COLEMAN, THELMA
STREET ADDRESS	6540 S.E. 30 CT.
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	LAWTON, MAE HELEN
STREET ADDRESS	2801 N.E. 127 PLACE
CITY-ST-ZIP	SPARR, FL 32192
TITLE	D
NAME	SHAW, KEITH L
STREET ADDRESS	240 N.E. 66 PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/07-80029-007 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 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: John Hanks, SR. 2/20/07 352-207-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #