


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000007220 1. Entity Name DAVID TEMPLE OF DELIVERANCE, INC.					
Principal Place of Business 955C ORANGE AVE DAYTONA BEACH FL 32114 US		Mailing Address 955C ORANGE AVE DAYTONA BEACH FL 32114 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVID, A.L. 676 WINCHESTER AVENUE DAYTONA BEACH FL 32114-1970				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID, A.L. ELDER		NAME	U00000344430 04/29/05-80136-005 61.25	
STREET ADDRESS	676 WINCHESTER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114-1970		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID, HARRIETT N		NAME		
STREET ADDRESS	676 WINCHESTER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114-1970		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCRAE, DOROTHY		NAME		
STREET ADDRESS	616 CEDAR PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>David Allen L. Clark</i>			Date: 4/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: (386)-253-0384		