


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 012 \*\*\*\*70.00

<b>DOCUMENT # N99000002102</b>	
1. Entity Name	
TEMPLE OF PRAYER, DELIVERANCE AND HEALING MINISTRY, INC.	

Principal Place of Business	Mailing Address
14840 NARANJA LAKES BLVD #C1L HOMESTEAD FL 33032	14840 NARANJA LAKES BLVD #C1L HOMESTEAD FL 33032

2. Principal Place of Business	Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent	
DAVIS, DOROTHY 14840 NARANJA LAKES BLVD #C1L HOMESTEAD FL 33032	

4. FEI Number	Applied For
NO-T APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

7. Name and Address of New Registered Agent	
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 reappointing) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOROTHY	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD #C1L	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, CARY	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD #C1L	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, OLEAN	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD #C1L	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, JAINAI	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD #C1L	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	CITY-ST-ZIP	
TITLE	<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"/> 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 exemptions contained in Section 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:  April 21, 2006 (97)351-4728