

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002102

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** TEMPLE OF PRAYER, DELIVERANCE AND HEALING MINISTRY, INC.

**Current Principal Place of Business:**

670 NW 6TH ST.  
APT.# 502  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 562953  
MIAMI, FL 33256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

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

DAVIS-LOCKE, DOROTHY  
670 NW 6TH ST.  
APT.# 502  
MIAMI, FL 33136 US

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: PSTD  
Name: DAVIS-LOCKE, DOROTHY  
Address: 670 NW 6TH ST.  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: LOCKE, CARY  
Address: 670 NW 6TH ST.  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: MIDDLETON, OLEAN  
Address: 670 NW 6TH ST.  
City-St-Zip: MIAMI, FL 33136

Title: S  
Name: MOSLEY, JAINAI  
Address: 670 NW 6TH ST.  
City-St-Zip: MIAMI, FL 33136

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY DAVIS-LOCKE

PSTD

04/25/2012

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

\_\_\_\_\_  
Date