# Entity Name: TEMPLE OF DELIVERANCE INTERNATIONAL MINISTRIES INC. **Current Principal Place of Business:** 730 AVE B SW WINTER HAVEN, FL 33880 **Current Mailing Address: PO BOX 645** WINTER HAVEN, FL 33882 FEI Number: 26-2648564 Name and Address of Current Registered Agent: MCKINZIE, ERVIN ELDER 730 AVENUE B SW WINTER HAVEN, FL 33880 US SIGNATURE:

#### **Officer/Director Detail :**

| Title           | PD                        | Title           | VPD                    |  |
|-----------------|---------------------------|-----------------|------------------------|--|
| Name            | MCKINZIE, ERVIN SR.       | Name            | MCKINZIE, LENORA       |  |
| Address         | 730 AVENUE B SW           | Address         | 730 AVENUE B SW        |  |
| City-State-Zip: | WINTER HAVEN FL 33880     | City-State-Zip: | WINTER HAVEN FL 33880  |  |
| Title           | SD                        | Title           | TD                     |  |
|                 |                           |                 |                        |  |
| Name            | MCKINNEY, LORNA           | Name            | MCKINNEY, LEROY        |  |
| Address         | 9820 50TH STREET CIR E    | Address         | 9820 50TH STREET CIR E |  |
| City-State-Zip: | PARRISH FL 34219          | City-State-Zip: | PARRISH FL 34219       |  |
|                 |                           |                 |                        |  |
| Title           | D                         | Title           | DIRECTOR               |  |
| Name            | BROOKS, STEPHANIE         | Name            | MARTIN, NICKITA L      |  |
| Address         | 2312 CYPRESS GARDENS BLVD | Address         | 3008 BUCKEYE PT DR     |  |
| City-State-Zip: | WINTER HAVEN FL 33884     | City-State-Zip: | WINTER HAVEN FL 33881  |  |
|                 |                           |                 |                        |  |

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.

SD

#### SIGNATURE: LORNA MCKINNEY

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: Yes

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.

Electronic Signature of Registered Agent

02/25/2017

Date

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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