

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006055

**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**

**Certificate of Status Desired: Yes**

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

MCKINZIE, ERVIN ELDER  
730 AVENUE B SW  
WINTER HAVEN, FL 33880 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

**Officer/Director Detail :**

Title PD  
Name MCKINZIE, ERVIN SR.  
Address 730 AVENUE B SW  
City-State-Zip: WINTER HAVEN FL 33880

Title VPD  
Name MCKINZIE, LENORA  
Address 730 AVENUE B SW  
City-State-Zip: WINTER HAVEN FL 33880

Title SD  
Name MCKINNEY, LORNA  
Address 9820 50TH STREET CIR E  
City-State-Zip: PARRISH FL 34219

Title TD  
Name MCKINNEY, LEROY  
Address 9820 50TH STREET CIR E  
City-State-Zip: PARRISH FL 34219

Title D  
Name GRAHAM, STEPHANIE  
Address 2312 CYPRESS GARDENS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

*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: LORNA MCKINNEY**

**SD**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date