#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012320

Entity Name: HEALING AND DELIVERANCE TEMPLE II INC

FILED
Mar 22, 2017
Secretary of State
CC7669747027

# **Current Principal Place of Business:**

1122 CONLEY ST. APT.1

ORLANDO, FL 32805

## **Current Mailing Address:**

1122 CONLEY STREET APT.#1

ORLANDO, FL 32805 US

FEI Number: 35-2375173 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MONTS, FANNIE 1122 CONLEY STREET APT.#1 ORLANDO, FL 32805 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: FANNIE MONTS 03/22/2017

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title PASTOR Title SECRETARY

Name MONTS, FANNIE Name PARKER, PETRONIA

Address 1122 CONLEY STREET Address 2123 S KIRKMAN RD

APT.#1 APT 161

City-State-Zip: ORLANDO FL 32805 City-State-Zip: ORLANDO FL 32811

Title OFFICER

Name TORRES, EDNA

Address 1609 N. 14TH STREET

City-State-Zip: FORT PIERCE FL 34950

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: FANNIE MONTS PASTOR

Electronic Signature of Signing Officer/Director Detail

03/22/2017 Date