

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012320

**Entity Name:** HEALING AND DELIVERANCE TEMPLE II INC

**Current Principal Place of Business:**

1231 DELAWARE AVE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

PO BOX 873  
FORT PIERCE, FL 34954-0873 US

**FEI Number:** 35-2375173

**Certificate of Status Desired:** No

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

MONTS, FANNIE  
1231 DELAWARE AVE  
FORT PIERCE, FL 34950 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

03/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name MONTS, FANNIE  
Address 1231 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY  
Name PARKER, PETRONIA  
Address 1231 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title OFFICER  
Name TORRES, EDNA  
Address 1231 DELAWARE AVE  
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

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date