

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002946

Entity Name: HEALING AND DELIVERANCE TEMPLE INC.

Current Principal Place of Business:

1231 DELAWARE AVE
FORT PIERCE, FL 34950

Current Mailing Address:

PO BOX 13717
FT. PIERCE, FL 34979 US

FEI Number: 65-0737714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTS, FANNIE BPASTOR
1122 CONLEY ST
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name MONTS, FANNIE BPASTOR
Address 1122 CONLEY ST
APT#1
City-State-Zip: ORLANDO FL 32805

Title V
Name PARKER, PETRONIA KPASTOR
Address 141 PRINCESS DR.
City-State-Zip: PORT ST. LUCIE FL 34952

Title T
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: PETRONIA PARKER

V

03/11/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date