

2017 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 873
FT. PIERCE, FL 34954-0873 US

FEI Number: 65-0737714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTS, FANNIE B
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: FANNIE MONTS

03/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	V
Name	MONTS, FANNIE	Name	PARKER, PETRONIA
Address	1122 CONLEY ST APT#1	Address	2123 S KIRKMAN RD APT 161
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32811
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: FANNIE MONTS

PASTOR

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date