

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90157 048 \*\*\*\*70.00

0073912

**DOCUMENT # 737208**

1. Entity Name

**TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.**

Principal Place of Business

Mailing Address

1007 MANATEE AVE..E.  
 P.O.BOX 9646  
 BRADENTON FL 34206

1007 MANATEE AVE..E.  
 P.O.BOX 9646  
 BRADENTON FL 34206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0075412**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, LAYON F.**  
**442 OLD MAIN ST.**  
**BRADENTON FL 33505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD SIMON, FRANKLIN D**  
 STREET ADDRESS **1612 18TH AVENUE WEST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE  Change  Addition  
 NAME **TD Smith Betty A**  
 STREET ADDRESS **219 19th Ave West**  
 CITY-ST-ZIP **Bradenton Fla 34205**

TITLE  Delete  
 NAME **VD KELLY, THELMA**  
 STREET ADDRESS **1806 5TH AVE. WEST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME **T Simon Florence L.**  
 STREET ADDRESS **1612 18th Ave West**  
 CITY-ST-ZIP **Palmetto Fla 34221**

TITLE  Delete  
 NAME **SD RAMSEY, MARI H**  
 STREET ADDRESS **4501 3RD ST CIRCLE WEST #505**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE  Change  Addition  
 NAME **T Times Sheldon B**  
 STREET ADDRESS **2603 5th Ave East**  
 CITY-ST-ZIP **Palmetto, Fla 34221**

TITLE  Delete  
 NAME **TD TIMES, YVONNIE M.**  
 STREET ADDRESS **2603 5TH AVE. WEST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME **T Simon Bridget D**  
 STREET ADDRESS **1612 18th Ave West**  
 CITY-ST-ZIP **Palmetto, Fla 34221**

TITLE  Delete  
 NAME **T DEXTER, JAMES**  
 STREET ADDRESS **2322 9TH AVE EAST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T WILSON, WILLIE**  
 STREET ADDRESS **2603 15 AVENUE, E**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bishop Franklin D. Simon **Bishop Franklin D. Simon** 1/16/01 941-746-4827  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)