



# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 737208</b> 1. Entity Name TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.			FILED 06 APR 24 AM 8:28 COUNTY OF MANATEE, FLORIDA 
Principal Place of Business 1007 MANATEE AVE., E. P.O. BOX 9646 BRADENTON, FL 34206		Mailing Address 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	
Zip	Country	Zip	Country
4. FEI Number 65-0075412		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACKEY LAW GROUP, P.A. 1402 THIRD AVE. WEST BRADENTON, FL 34205		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SIMON, FRANKLIN D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1612 18TH AVENUE WEST	NAME	
STREET ADDRESS	PALMETTO, FL 34221	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THELMA	NAME	
STREET ADDRESS	1806 5TH AVE. WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, BRIDGET D	NAME	
STREET ADDRESS	1612 18TH AVE. WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LEON	NAME	
STREET ADDRESS	1806 5TH AVENUE WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, FLORENCE L	NAME	
STREET ADDRESS	1612 18TH AVE WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEXTER, JAMES	NAME	D Ruby Kelly
STREET ADDRESS	2322 9TH AVENUE EAST	STREET ADDRESS	1806 5th Ave W Palmetto, FL 34221
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Franklin D Simon</i>		4-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	