

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737208

FILED
Jan 28, 2007
Secretary of State

Entity Name: TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.

Current Principal Place of Business:

1007 MANATEE AVE.,E.
BRADENTON, FL 34206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44207
CHARLOTTE, NC 28215

New Mailing Address:

FEI Number: 65-0075412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACKAY LAW GROUP P.A.
1402 THIRD AVE. WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, FRANKLIN D
Address: 1612 18TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: VD () Delete
Name: KELLY, THELMA
Address: 1806 5TH AVE. WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: SD () Delete
Name: SIMON, BRIDGET D
Address: 1612 18TH AVE. WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: TD () Delete
Name: KELLY, LEON
Address: 1806 5TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: D () Delete
Name: SIMON, FLORENCE L
Address: 1612 18TH AVE WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: D () Delete
Name: KELLY, RUBY
Address: 1806 5TH AVE W
City-St-Zip: PALMETTO, FL 34221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANKLIN D. SIMON

PD

01/28/2007

Electronic Signature of Signing Officer or Director

Date