

# 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