

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90292 048 ****70.00

DOCUMENT # **737208**



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

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**

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 **Thomas A. Moseley**
Street Address (P.O. Box Numbers Not Acceptable) **1724 Manatee Ave. W**
City **Bradenton FL 34205**

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 *Thomas A. Moseley* DATE **1/27/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
NAME	SIMON, FRANKLIN D	
STREET ADDRESS	1612 18TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, THELMA	
STREET ADDRESS	1806 5TH AVE. WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMSEY, MARI H	
STREET ADDRESS	4501 3RD ST CIRCLE WEST #505	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BETTY A	
STREET ADDRESS	219 10TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, FLORENCE L	
STREET ADDRESS	1612 18TH AVE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEXTER, JAMES	
STREET ADDRESS	2322 9TH AVENUE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne m Times	
STREET ADDRESS	311-16th St. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon C Kelly	
STREET ADDRESS	3739 59th Ave W	
CITY-ST-ZIP	Bradenton FL 34210	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty A Smith	
STREET ADDRESS	219 10th Ave W.	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **Franklin D. Simon** DATE **1-20-03 941-746-4827**

CR2E037 (10/02)