

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-16-2001 90022 033 ****61.25

DOCUMENT # 765892

1. Entity Name

COMMUNITY DELIVERANCE TEMPLE, INC.

Principal Place of Business

C/O LILLIE WEEMS
 4686 48TH AVE.
 VERO BEACH FL 32967
 US

Mailing Address

COMMUNITY DELIV. TEMPLE INC
 2046 TREASURE CST PLZ PMB #333
 VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240351

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

WEEMS, LILLIE
 2726 47TH PLACE
 VERO BEACH FL 32967

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$81.25**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEEMS, CHARLES D.	
STREET ADDRESS	1031 10TH CT. S.W.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ROSS, VANESSA	
STREET ADDRESS	4816 28 COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, WILLIE	
STREET ADDRESS	1985, 154 AB	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEMS, LILLIE	
STREET ADDRESS	2726 47TH PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEEMS, SHARON	
STREET ADDRESS	713 LAYPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ROSS, VANESSA	
STREET ADDRESS	4816 28TH CT	
CITY-ST-ZIP	VERO BEACH FL 32967	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weems, Charles D	
STREET ADDRESS	713 Layport Dr.	
CITY-ST-ZIP	Sebastian FL 32958	
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:

Charles D. Weems
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/01 (561)589-2148
 Date Daytime Phone #

CRE007 (10/00)

Attachment
Doc # 765892
76619



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 2001

COMMUNITY DELIVERANCE TEMPLE, INC.
COMMUNITY DELIV. TEMPLE INC
2046 TREASURE CST PLZ PMB #333
VERO BEACH, FL 32960

Subject: **COMMUNITY DELIVERANCE TEMPLE, INC.**

Reference Number: **765892**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sa
ANNUAL REPORTS SECTION