

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

001742

09-08-2003 90137 038 ****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

Zip

Country

Zip

Country

4. FEI Number **65-0240351**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	WEEMS, CHARLES D.	
STREET ADDRESS	713 LAYPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ROSS, VANESSA	
STREET ADDRESS	4616 28 COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEMS, LILLIE	
STREET ADDRESS	2726 47TH PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEEMS, SHARON	
STREET ADDRESS	713 LAYPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *CHARLOTTE WEEMS*

9/5/03 (772) 589-2148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)