


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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90177 036 ****61.25

DOCUMENT # N30043

1. Entity Name
THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.



Principal Place of Business
**2855 NW 4TH ST
POMPANO BEACH FL 33069**

Mailing Address
**2855 NW 4TH ST
C/O JOHNNY L ZANDERS
POMPANO BEACH FL 33069
US**

2. Principal Place of Business
324 NW 16th Place

3. Mailing Address
324 NW 16th Place

Suite, Apt. #, etc.
clo Johnny L. Zanders

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33060

Country
USA

Zip
33060

Country
USA

4. FEI Number **65-0114888**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZANDERS, JOHNNY L.
2855 NW 4TH ST
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **Johnny L. Zanders**

Street Address (P.O./Box Number is Not Acceptable)
324 NW 16th Place

City **Pompano Beach** FL Zip Code **33060**

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 **Johnny L. Zanders** Signature, typed or printed name of registered agent and title if applicable.

Johnny L. Zanders Sr. (NOTE: Registered Agent signature required when reinstating)

4/8/03 DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZANDERS, JOHNNY L.	
STREET ADDRESS	2855 NW 4TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANDERS, HAZEL KIRKLAND	
STREET ADDRESS	10315 NW 39TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LONNIE	
STREET ADDRESS	2643 NW 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SUSIE	
STREET ADDRESS	2643 NW 8TH STREET	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: **Johnny L. Zanders** **4/8/03** **(954) 784-3155**

CR2E037 (10/02)