

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90082 008 ****70.00

DOCUMENT # N97000000633

1. Entity Name

NEW DELIVERANCE EVANGELISTIC TEMPLE, INC.

Principal Place of Business

Mailing Address

2208 BROADWAY
 RIVIERA BEACH FL 33404

801 WEST 10 STREET
 RIVIERA BEACH FL 33404-7333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 11321

City & State

City & State
Riviera Bch FL

4. FEI Number

65-0726422

Applied For

Not Applicable

Zip

Country

Zip

Country

33419

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, YVONNE VORESE	NAME	
STREET ADDRESS	2208 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, ANNA LEE	NAME	
STREET ADDRESS	2208 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDRICK, ROOSEVELT	NAME	
STREET ADDRESS	2208 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JENECE	NAME	
STREET ADDRESS	2208 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, LASHUNN	NAME	
STREET ADDRESS	2208 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Yvonne Vorese Bush* **Yvonne Vorese Bush** 2/15/2000 (561) 840-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)