

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90993 037 \*\*\*\*61.25

**DOCUMENT # N97000000633**  
1. Entity Name  
**NEW DELIVERANCE EVANGELISTIC TEMPLE, INC.**



Principal Place of Business: **1401 42ND ST WEST PALM BEACH FL 33407**  
Mailing Address: **PO BOX 11321 RIVIERA BEACH FL 33419**

34001001



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **65-0726422**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
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  
Due By May 1, 2004**

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          | PD                     | <input type="checkbox"/> Delete |
| NAME           | BUSH, YVONNE VORESE    |                                 |
| STREET ADDRESS | 2208 BROADWAY          |                                 |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404 |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | HAYES, ANNA LEE        |                                 |
| STREET ADDRESS | 2208 BROADWAY          |                                 |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404 |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | SHEDRICK, ROOSEVELT    |                                 |
| STREET ADDRESS | 2208 BROADWAY          |                                 |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | JAMES, JENECE          |                                 |
| STREET ADDRESS | 2208 BROADWAY          |                                 |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BUSH, LASHUNN          |                                 |
| STREET ADDRESS | 2208 BROADWAY          |                                 |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404 |                                 |
| 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: Yvonne Bush Yvonne Bush 4/18/04 (561)840-7690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #