


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 730708 |  |
| 1. Entity Name BIBLEWAY TEMPLE DELIVERANCE CENTER, INC. | |

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| Principal Place of Business 877 S.W. 2ND TERRACE DEERFIELD BEACH, FL 33441 | Mailing Address 877 S.W. 2ND TERRACE DEERFIELD BEACH, FL 33441 |
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02022005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1552149 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent WILLIAMS, VERNON L., SR. (REV) 877 S.W. 2ND TERR. DEERFIELD BEACH, FL 33441 | DO NOT WRITE IN THIS SPACE |
| 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. | |

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, VERNON L 877 SW 2ND TERRACE DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POITIER, CECIL 1270 SW 6 WAY DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GARNER, JANNIE 341 NW 2 WAY DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED WILLIAMS, VERNON, SR. 877 S. W. 2ND TERRACE DEERFIELD BCH., FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/12/05-800110-011 70.00

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| 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: <u><i>Vernon L Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |
| <u>3/13/05</u> <u>954-421-0560</u> <small>Date Daytime Phone #</small> |