

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733290

1. Entity Name

THE TEMPLE OF PRAYER AND DELIVERANCE CHURCH, INC

Principal Place of Business

1721 NW 81ST STREET
MIAMI FL 33147

Mailing Address

1721 NW 81ST STREET
MIAMI FL 33147-5135

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

51-0205631

Applied For

Not Applicable

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

WINTER, JR., EDWARD J.
19 WEST FLAGLER STREET
SUITE 310, THIRD FLOOR, BISCAYNE BLDG.
MIAMI FL

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DARDEN, RUTH 1742 NW 81ST STREET MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURTIS, CARRIE MAE 1301 NW 103 ST. MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTIN, CLEMENT JOSHUA 5905 NW 3RD AVENUE MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCNEIL, CLYDE D. 1750 NW 62 TERR MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DARDEN, MELVIN 1742 NW 81ST STREET MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Ruth Darden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

696-0187

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90012 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)