FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 03 1998 8:00 am Secretary of State

DOCUMENT # 737208 (9)									
TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.									
THIN LE OF TAITH, DELIVERANCE AND SALVATION, INC.						 	1811 B(BK BI	(A11 #1811 B)#16 B(B)) #1811 488)	
Dissipal Class of Christian									
Principal Place of Business Mailing Address					ļ				
1007 MANATEE AVEE. 1007 MANATEE AVEE. P.O.BOX 9646 P.O.BOX 9646						3. Date Incorporated or Qualified			
		BRADENTON FL 34206				11/03/1976			
						4. FEI Number 65-0075412		Applied For Not Applicable	
Principal Place of Business 2a. Mailing Address							X	\$8.75 Additional	
21 26						5. Certificate of Status Desired		Fee Required	
Suite, Apt. #, etc,		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00 May Be	
City & State		City & State				7. Is this nonprofit corporation a ho		Added to Fees	
23		28						☐ No	
Zip	Country	Zip	Country	1		8. This corporation owes or has pa			
24	24 25 29 3 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
o, riamo ana Adaresa si Sarrotti (logistici da Agenti				Name		- I I I I I I I I I I I I I I I I I I I			
ROBINSON, LAYON F.				Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
442 OLD MAIN ST.			82			actions (1.10. dox National is Not Acceptable)			
BRADENTON FL 33505			83						
			84	City			FL	85 Zip Code	
11. Pursuant	s, the abov	e-named	corpor	ration submits this statement for the p					
agent. I a	egistered agent, or both, in the our familiar with, and accept the ob-	ate of Florida. Such change was au pligations of, Section 617.0503, Flori	ithorizea o ida Statute	/ the corp \$.	poration	ration submits this statement for the p n's board of directors. I hereby accep	it the app	iointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Ag	ent signature	e required	(when reinstating)	DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD SAMES AND A SAME SAME SAME SAME SAME SAME SAME SA		1,3 TITLE	1 2 h		-esident		Change 3 Addition	
NAME STREET ADDRESS	RAMSEY, MARI H. 4508 3RD ST CIRCLE WEST #505		1.2 NAME	1.2 NAME		shop Franklin D	, Simon	ı	
CITY-ST-ZIP	BRADENTON FL		1	1.3 STREET ADDRESS		12' 18+4 Ave web 11mc+10 7/A 3	1/22	2)	
TITLE	VD DELETE		2.1 TITLE			Cretary	7	Change Addition	
NAME	KELLY, THELMA		2.2 NAME	2.2 NAME		Day 11 Plansey			
STREET ADDRESS	1806 5TH AVE. WEST		2.3 STREET	2.3 STREET ADDRESS 45		of 3rd st circle us	iest	-	
CITY-ST-ZIP	PALMETTO FL	⊠ DELETE		A 4 TOTAL O			420		
TITLE	SD MILIAMS THERESA M	_				rustee		Change Addition	
NAME CTREET ADDRESS	WILLIAMS, THERESA M. 3009 NEWTOWN BLVD.		3.2 NAME			Tame's Dexter	GAS+	Alton Lilly	
STREET ADORESS CITY-ST-ZIP	SARASOTA FL					1322 - 9th AUC 1 Almotto, 71A 3422		,	
TITLE	TD	☐ DELETE	4.1 TITLE)!- LIF		Trustee	•	Change Addition	
NAME	TIMES, YVONNIE M.		4. 2 NAME		,			_ ,	
STREET ADDRESS	2603 5TH AVE. WEST		4.3 STREET	4.3 STREET ADDRESS		A			
CITY-ST-ZIP	PALMETTO FL		4.4 CITY - S	I		مستورين والأراح المتأثن ويدري			
TITLE	T	DELETE	5.1 TITLE			• •		Change Addition	
NAME	ALTON, LILLY		5.2 NAME						
STREET ADDRESS	2407 19 ST E		5.3 STREET	1		•			
CITY-ST-ZIP	BRADENTON FL	D or ere	5.4 CITY - S	T-ZIP	<u> </u>				
TITLE	I SAM COST TRAILIE	☐ DELETE	6.1 TITLE					Change Addition	
NAME	WILSON, WILLIE		6.2 NAME						
STREET ADORESS	2603 15 AVENUE, E		6.3 STREET	I					
CITY-ST-ZIP	PALMETTO FL		6.4 CITY - S	I - ZIP					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.