

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737208

1. Entity Name

TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90088 046 \*\*\*\*70.00

Principal Place of Business  
1007 MANATEE AVE.E.  
P.O.BOX 9646  
BRADENTON FL 34206

Mailing Address  
1007 MANATEE AVE.E.  
P.O.BOX 9646  
BRADENTON FL 34206-9646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0075412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, LAYON F.  
442 OLD MAIN ST.  
BRADENTON FL 33505

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 PD ☐ Delete  
NAME SIMON, FRANKLIN D  
STREET ADDRESS 1612 18TH AVENUE WEST  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KELLY, THELMA  
STREET ADDRESS 1806 5TH AVE. WEST  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME RAMSEY, MARI H  
STREET ADDRESS 4501 3RD ST CIRCLE WEST #505  
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TIMES, YVONNIE M.  
STREET ADDRESS 2603 5TH AVE. WEST  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DEXTER, JAMES  
STREET ADDRESS 2322 9TH AVE EAST  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WILSON, WILLIE  
STREET ADDRESS 2603 15 AVENUE, E  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ 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: *Franklin D. Simon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)