

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 737208 1. Entity Name TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.						FILED 06 APR 24 AM 8:28 ALA MANATEE, FLORIDA 	
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			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0075412						Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MACKEY LAW GROUP, P.A. 1402 THIRD AVE. WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$81.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, FRANKLIN D <input type="checkbox"/> Delete 1612 18TH AVENUE WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, THELMA <input type="checkbox"/> Delete 1806 5TH AVE. WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, BRIDGET D <input type="checkbox"/> Delete 1612 18TH AVE. WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600073411956 05/01/06--01017--002 ***81.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, LEON <input type="checkbox"/> Delete 1806 5TH AVENUE WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, FLORENCE L <input type="checkbox"/> Delete 1612 18TH AVE WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEXTER, JAMES <input checked="" type="checkbox"/> Delete 2322 9TH AVENUE EAST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruby Kelly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1806 5th ave w Palmetto, FL 34221		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Brian Franklin D. Simon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-17-06 <small>Date Daytime Phone #</small>			