

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90292 048 \*\*\*\*70.00

**DOCUMENT # 737208**

1. Entity Name

**TEMPLE OF FAITH, DELIVERANCE AND SALVATION, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

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

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Thomas A. Moseley**  
Street Address (P.O. Box Numbers Not Acceptable) **1724 Manatee Ave. W**  
City **Bradenton** FL **34205**

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

*Thomas A. Moseley*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	<b>SIMON, FRANKLIN D</b>	
STREET ADDRESS	<b>1612 18TH AVENUE WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>KELLY, THELMA</b>	
STREET ADDRESS	<b>1806 5TH AVE. WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>RAMSEY, MARI H</b>	
STREET ADDRESS	<b>4501 3RD ST CIRCLE WEST #505</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, BETTY A</b>	
STREET ADDRESS	<b>219 10TH AVE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SIMON, FLORENCE L</b>	
STREET ADDRESS	<b>1612 18TH AVE WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DEXTER, JAMES</b>	
STREET ADDRESS	<b>2322 9TH AVENUE EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Yvonne m Times</b>	
STREET ADDRESS	<b>311 16th St. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leon C Kelly</b>	
STREET ADDRESS	<b>3739 59th Ave W</b>	
CITY-ST-ZIP	<b>Bradenton FL 34210</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Betty A Smith</b>	
STREET ADDRESS	<b>219 10th Ave W.</b>	
CITY-ST-ZIP	<b>Bradenton FL 34205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Bishop Franklin D. Simon* **Franklin D. Simon** **1-20-03 941-746-4827**

CR2E037 (10/02)