

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747709** (4)

1. Corporation Name

**FAITH FULL DELIVERANCE TEMPLE, INC.**



Principal Place of Business <b>769 NW 111TH ST. P. O. BOX 680283 MIAMI FL 33168-0283</b>	Mailing Address <b>769 NW 111TH ST. P. O. BOX 680283 MIAMI FL 33168-0283</b>
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3. Date Incorporated or Qualified <b>06/18/1979</b>	3a. Date of Last Report <b>08/23/1995</b>
4. FEI Number <b>59-1915134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**GRAZZAL, REV. WHITFIELD  
13680 NW 2ND AVE  
769 NW 111TH ST  
MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	GRAZZAL, REV. WHITFIELD, 13680 NW 2ND AVE. MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S REGINALD COOKE. 1411 NW 112 ST. MIAMI FL 33167.</b>
TITLE	NAME	2.1 TITLE	2.2 NAME
S	BECKFORD, JOETTA 500 NE 33RD ST 16 MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T HYACINTH COOKE 1411 NW 112 ST. MIAMI FL 33167.</b>
TITLE	NAME	3.1 TITLE	3.2 NAME
T	DARVILLE, CAROLYN 420 N.W. 105TH ST. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4.1 TITLE	4.2 NAME
TD	GRAZZAL, FAYLIN 13680 N.W. 2ND AVE. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**REGINALD B. COOKE** 7/16/96 (305) 754-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)