

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 038 ****61.25

DOCUMENT # 747709

1. Entity Name

FAITH FULL DELIVERANCE TEMPLE, INC.

f

Principal Place of Business

769 NW 111TH ST.
P. O. BOX 680283
MIAMI FL 33168-0283

Mailing Address

769 NW 111TH ST.
P. O. BOX 680283
MIAMI FL 33168-0283

2. Principal Place of Business

769 NW 111 Street

3. Mailing Address

P.O BOX 680283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33168

Country

U.S.A

Zip

33168

Country

U.S.A

4. FEI Number

59-1915134

Applied For

Not Applicable

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

GRAZZAL, REV. WHITFIELD
13660 NW 2ND AVE
769 NW 111TH ST
MIAMI FL 33168

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME **PD**
STREET ADDRESS **GRAZZAL, REV. WHITFIELD,**
CITY-ST-ZIP **13660 NW 2ND AVE.**
MIAMI FL

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HYACINTH, COOKE**
CITY-ST-ZIP **1411 NW 112 STREET**
MIAMI FL

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **COOKE, REGINALD**
CITY-ST-ZIP **1411 NW 112 STREET**
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **marian walsh**
CITY-ST-ZIP **15201 NE 6 AVE #**
NORTH MIAMI, FL 33161

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **GRAZZAL, FAYLIN**
CITY-ST-ZIP **13660 N.W. 2ND AVE.**
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E037 (5/00)