2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747709

FILED Aug 05, 2008 Secretary of State

Entity Name: FAITH FULL DELIVERANCE TEMPLE, INC.

Current Principal Place of Business: New Principal Place of Business:

769 NW 111TH ST. MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

P.O. BOX 681178 MIAMI, FL 33168

FEI Number: 59-1915134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAZZAL, WHITFIELD REV GRAZZAL, WHITFIELD BISHOP 13660 NW 2ND AVE 13660 NW 2ND AVE

NORTH MIAMI, FL 33168 US NORTH MIAMI, FL 33168 US

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: MR. W. GRAZZAL 08/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 GRAZZAL, WHITFIELD REV
 Name:
 GRAZZAL, WHITFIELD REV

 Address:
 13660 NW 2ND AVE.
 Address:
 13660 NW 2ND AVE.

 City-St-Zip:
 N MIAMI, FL 33168
 N MIAMI, FL 33168

Title: AP () Delete Title: () Change () Addition

 Name:
 COOKE, EVANGELIST H
 Name:

 Address:
 1411 NW 112 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33167
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 GRAZZAL, MISSIONARY F
 Name:

 Address:
 13660 NW 2ND AVE.
 Address:

 City-St-Zip:
 N MIAMI, FL 33168
 City-St-Zip:

 $\label{eq:times} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 WELCH, ROE-MARIE
 Name:
 WISDOM, ROE-MARIE

 Address:
 550 N.W. 186 STREET
 Address:
 550 N.W. 186 STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE-MARIE WISDOM SECR 08/05/2008

Electronic Signature of Signing Officer or Director

Date