

2000 UNIFORM BUSINESS REPORT (UBR)

0006789

DOCUMENT # 755072

1. Entity Name

THE GOOD SHEPHERD DELIVERANCE TEMPLE, INC.

APPROVED
AND
FILED

00 FEB 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4960 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

4960 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310-7604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURRAY, J C APOSTLE
4960 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

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

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 PD Delete
NAME MURRAY, J C APOSTLE
STREET ADDRESS 4960 CAPITAL CIRCLE S.W.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME MURRAY, KIMBERLY C
STREET ADDRESS 5001 CENTER DRIVE
CITY-ST-ZIP TALLAHASSEE FL 30475

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM Delete
NAME WARD, MARY
STREET ADDRESS 705 MOSLEY STREET
CITY-ST-ZIP VIDALIA GA 30475

TITLE Change Addition
NAME *Kertisha Salem*
STREET ADDRESS *601 Peachtree St*
CITY-ST-ZIP *Vidalia Ga. 30474*

TITLE ST Delete
NAME SALEM, BARBARA M
STREET ADDRESS P.O. BOX 1017 (N/A)
CITY-ST-ZIP VIDALIA GA 30475

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME MURRAY, JESSIE C JR.
STREET ADDRESS P.O. BOX 1017, N/A
CITY-ST-ZIP VIDALIA GA 30474

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 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:

J C Apostle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-2000

2080

CR2E037 (9/99)