## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 760064** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name NOW FAITH DELIVERANCE TABERNACLE, INC. 04-25-2000 90122 002 \*\*\*\*66.25 Mailing Address Principal Place of Business 17488 SW 36 ST CHURCH MIRAMAR FL 33029-1605 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business <u>1433</u>5W 36 75 NW32 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Çity & State Applied For 4. FEI Number City & State 02-1000023 Not Applicable ami Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Browar 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent atrine Forbes Street Address (P.O. Box Number is Not Acceptable) FORBES, KATRINE PASTOR 74335W36415t 11760 BERRY DR **COOPER CITY FL 33026** Zip Code Miramar FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FORBES, KATRINE 174*885W* 36<sup>M</sup>St Miramar FL 33029 STREET ADDRESS STREET ADDRESS 11760 BERRY DR CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AT NAME NAME FORBES SPATES, VIOLA STREET ADDRESS STREET ADDRESS 701 S. 61 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete - Change TITLE \_\_ Addition TITLE NAME NAME SANDS ROLLE, MILDRED STREET ADDRESS STREET ADDRESS 2971 NW 164 ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33054 Change ☐ Addition ☐ Detete TITLE TITI F NAME NAME WILSON, JOY L STREET ADDRESS STREET ADDRESS 2272 NW 58 ST CITY-ST-ZIF CITY-ST-7IP MIAMI FL 33142 ☐ Addition ☐ Change ☐ Delete TITLE DANIELS, BULAH NAME NAME STREET ADDRESS STREET ADDRESS 13601 NW 24 AVE #39 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 ☐ Addition ☐ Change ☐ Delete TITLE NAME HALL, JOHN STREET ADDRESS STREET ADDRESS 3000 NW 160 ST CITY-ST-ZIP MIAMI FL 33054 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

NATURE: Katharia And typed or Printed NAME of Signing Officer on Director Date Date Cayling Phone .