

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760064

1. Entity Name

NOW FAITH!! DELIVERANCE TABERNACLE, INC.

Principal Place of Business

9275 NW 32 AVENUE
MIAMI FL 33147
US

Mailing Address

17488 SW 36 ST
MIRAMAR FL 33029
US

2. Principal Place of Business

9275 NW 32 AVENUE
Suite, Apt. #, etc.

3. Mailing Address

17488 SW 36 ST
Suite, Apt. #, etc.

City & State

Miami FL

Zip

33147

Country

US

City & State

Miramar FL

Zip

US 33029

Country

US

4. FEI Number

02-1000023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, KATRINE
17488 SW 36 ST
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FORBES, KATRINE	
STREET ADDRESS	17488 SW 36 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FORBES SPATES, VIOLA	
STREET ADDRESS	701 S. 61 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDS ROLLE, MILDRED	
STREET ADDRESS	2971 NW 164 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JOY L	
STREET ADDRESS	2272 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, BULAH	
STREET ADDRESS	13601 NW 24 AVE #39	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JOHN	
STREET ADDRESS	3000 NW 160 ST	
CITY-ST-ZIP	MIAMI FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Katrine Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katrine Forbes

4/20/2001

954 4422721

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90384 032 *****61.25

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DO NOT WRITE IN THIS SPACE

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