

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

0000121

DOCUMENT # 760064

1. Entity Name

NOW FAITH!! DELIVERANCE TABERNACLE, INC.



Principal Place of Business

**9275 NW 32 AVE
MIAMI FL 33147
US**

Mailing Address

**9275 NW 32 AVE
MIAMI FL 33147
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**FORBES, KATRINE
17488 SW 36 ST
HOLLYWOOD FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Katrine Forbes
Signature, typed or printed name of registered agent and title if applicable.

Katrine Forbes
(NOTE: Registered Agent signature required when reinstating)

7/22/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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
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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

7/22/03
Date

954 442 87 21
Daytime Phone #

CR2E037 (4/03)