

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765892 (5)

1. Corporation Name

COMMUNITY DELIVERANCE TEMPLE, INC.

Principal Place of Business

Mailing Address

C/O LILLIE WEEMS
4686 48TH AVE.
VERO BEACH FL 32967
US

C/O LILLIE WEEMS
2726 47TH PLACE
VERO BEACH FL 32967



3. Date Incorporated or Qualified

11/29/1982

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0240351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEEMS, LILLIE
2726 47TH PLACE
VERO BEACH FL 32967**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

WEEMS, CHARLES D.

STREET ADDRESS

1031 10TH CT. S.W.

CITY-ST-ZIP

VERO BEACH FL

TITLE

D

☐ DELETE

NAME

STANLEY, WILLIE J.

STREET ADDRESS

3590 45TH ST.

CITY-ST-ZIP

VERO BEACH FL

TITLE

D

☐ DELETE

NAME

WALKER, WILLIE

STREET ADDRESS

1985, 154 AB

CITY-ST-ZIP

VERO BEACH FL

TITLE

DT

☐ DELETE

NAME

WEEMS, LILLIE

STREET ADDRESS

2726 47TH PLACE

CITY-ST-ZIP

VERO BEACH FL

TITLE

D

☐ DELETE

NAME

HEMMINGS, MARVIN, SR.

STREET ADDRESS

6185 85TH ST.

CITY-ST-ZIP

WABASSO FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles D. Weems
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/96 (407) 770-4859

CR2E037 (12/95)