

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **765892**

1. Corporation Name

**COMMUNITY DELIVERANCE TEMPLE, INC.**

Principal Place of Business

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

Mailing Address

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

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90006 015 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 **Community Deliv. Temple Inc.**

Suite, Apt. #, etc. **pm8#333**

27 **2046 Treasure Cst. plz.**

28 City & State

**VERO Beach, FL**

29 Zip

**32960**

30 Country

**Indian River**

3. Date Incorporated or Qualified

**11/29/1982**

4. FEI Number

**65-0240351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE

NAME **WEEMS, CHARLES D.**

STREET ADDRESS **1031 10TH CT. S.W.**

CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE

NAME **STALEY, 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 **6165 85TH ST.**

CITY-ST-ZIP **WABASSO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☐ Change ☒ Addition

1.2 NAME **Vanessa Ross**

1.3 STREET ADDRESS **4616 28th CT.**

1.4 CITY-ST-ZIP **VERO Beach, FL 32967**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Sharon L. Weems**

2.3 STREET ADDRESS **1031 10th CT S.W.**

2.4 CITY-ST-ZIP **VERO Beach FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Lillie Weems**

4.3 STREET ADDRESS **2726 47th pl.**

4.4 CITY-ST-ZIP **VERO Beach FL**

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 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 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, with all other like empowered.

SIGNATURE:

**CHARLOTTE R. ROBERTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/99 (561)**  
Date  
**589-2148**  
Daytime Phone #

CR2E037 (1/98)

0021671