

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005940

1. Entity Name

NEW COVENANT APOSTOLIC DELIVERANCE TEMPLE, INC.

Principal Place of Business

3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309

Mailing Address

3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309

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

65-1044853

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

HYLTON, GENROY
3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HYLTON, GENROY ☐ Delete
STREET ADDRESS 3193 NW 39TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE SECRETARY
NAME ETTA EDMOND ☐ Change ☒ Addition
STREET ADDRESS 4743 NW 43 CT
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE D
NAME HYLTON, MAXINE ☐ Delete
STREET ADDRESS 3193 NW 39TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE TREASURER
NAME BERYL WILLIAMS ☐ Change ☐ Addition
STREET ADDRESS 4790 NW 5th CT
CITY-ST-ZIP PLANTATION FL 33317

TITLE D
NAME FORBES, LINDA ☐ Delete
STREET ADDRESS 3280 SW 9TH STREET
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CARTER, PAULINE ☒ Delete
STREET ADDRESS 3621 SW 3RD STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

(954)733-6142

Date

Daytime Phone #

CR2E037 (9/01)