FILED
Jul 11, 2002 8:00 am
Secretary of State
05-27-2002 90351 031 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006899

1. Entity Name

THE DELIVERANCE HOLY TEMPLE, INC.

Principal Place of Business	Mailing Address
1132 AVENUE D FT PIERCE FL 34950	5015 WINTER GARDEN PKWY FT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
202 N.W. 9th Ave.	5015 Winter Garden Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Bch. Fl	City & State: Ft. Pierce, Fl
Zip: 33435 Country: Palm Beach	Zip: 34951 Country: St. Lucie

4. FEI Number 65-0435166 — 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
SMITH, ROBERT L PASTOR 5015 WINTER GARDEN PKWY FT PIERCE FL 34951	Name: Robert L. Smith Pastor Street Address (P.O. Box Number is Not Acceptable): 5015 Winter Garden Parkway City: Ft Pierce FL Zip Code: 34951

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: Robert L Smith Robert L. Smith 4-30-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROBERT L 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Barnes, Jr Asst 2711 Ave K Ft Pierce Fl. 34947 Pastor	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, PATRICIA 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Patrice Faye Smith 5015 Winter Garden Parkway Ft Pierce, Fl 34950	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, ALBERTA 1132 AVENUE D FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Robert L Smith REQUIRED 4-30-02 561-460-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #