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Secretary of State
05-06-2003 90030 035 ****61.25

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

DOCUMENT # N02000001889

1. Entity Name
LIFE TEMPLE OF DELIVERANCE, INC.

55048890

Principal Place of Business	Mailing Address
2725 LAURA ST. JACKSONVILLE, FL 32206	P. O. BOX 3184 JACKSONVILLE, FL 32206

☐ CHECK HERE IF MAKING CHANGES

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 59-1424567 ☐ 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
WILLIAMS, WILLIE F 1950 PAINE AVE., CND #16 JACKSONVILLE, FL 32211	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 _____ DATE

Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing

FILE NOW: FREE IS $0.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D WILLIAMS, WILLIE F 1950 PAINE AVE., CND #16 JACKSONVILLE, FL 32218			
D WILLIAMS, GWENDOLYN D 1950 PAINE AVE., CND #16 JACKSONVILLE, FL 32218	☐		☐ ☐
D WILLIAMS, ELIZABETH T 1922 W. 6TH ST. JACKSONVILLE, FL 32209	☐		☐ ☐
D SOPHIA, POLLARD R 6606 BLUE TICK DR. ORLANDO, FL 32810	☑	D Esek H. Taylor 5943 Kenlyn Ct. Orlando, FL 32808	☐ ☐
	☐		☐ ☐
	☐		☐ ☐

CR2E037 (10/02)

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: Willie F. Williams 5-1-03 (904)534-4997

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #