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

2/7

**FILED**
**Mar 07, 2003 8:00 am**
**Secretary of State**
02-07-2003 90071 026 ****70.00

DOCUMENT # N03666

1. Entity Name
FAITH DELIVERANCE TABERNACLE INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1107 NW 6ST<br>FT. LAUDERDALE FL 33311<br>US | 1107 N.W. 6TH ST.<br>FT. LAUDERDALE FL 33311 |

☐ 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 59-2679496 ☐ 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 |
|---|---|
| AUDREY R. MAXWELL<br>7158 NW 49 CT.<br>LAUDERHILL FL 33351 | Name: Terry C Maxwell<br>Street Address (P.O. Box Number is Not Acceptable): 9760 Palma Vista Way<br>City: Boca Raton FL Zip Code: 33428 |

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: T C Maxwell
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MAXWELL, TERRY C.<br>7158 NW 49 CT.<br>LAUDERHILL FL | ☐ Delete | T<br>Ronney Thompson, Pastor<br>1107 NW 6 St Ft Laud FL 33311 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MAXWELL, AUDREY R.<br>7158 49 ST.<br>LAUDERHILL FL | ☐ Delete | ID<br>Zhenee Thompson, Asst Pastor<br>1107 NW 6 St Ft Laud FL 33311 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HAMPTON, JOE<br>619 NW 12 AVE.<br>FT. LAUDERDALE FL 33311 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, SPENCER<br>422 LAKESIDE DR APT 239<br>MARGATE FL 33063 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALLORY, BETSY<br>1107 NW 6TH ST<br>FORT LAUDERDALE FL 33311 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** T C Maxwell Terry C Maxwell President 2/4/2003 954 779-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #