

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18252

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** FAITH OF INSPIRATION DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

7616 N.W. 22ND AVENUE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

1286 NW 43 ST  
MIAMI, FL 33142 US

**New Mailing Address:**

**FEI Number:** 65-0034782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NORMAN, CLARA  
1286 NW 43RD ST  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NORMAN, F.M.  
Address: 1286 NW 43RD ST  
City-St-Zip: MIAMI, FL 33142

Title: VD  
Name: NORMAN, CLARA  
Address: 1286 NW 43RD ST  
City-St-Zip: MIAMI, FL 33142

Title: SD  
Name: SABB, MICHELE  
Address: 431 N.W. 149 ST  
City-St-Zip: MIAMI, FL 33168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CLARA NORMAN

VD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date