

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 030 ****61.25

DOCUMENT # N26586

1. Entity Name

FULL GOSPEL TEMPLE OF DELIVERANCE INC.

Principal Place of Business

Mailing Address

P.O. BOX 231
 RAIFORD FL 32083

P.O. BOX 231
 RAIFORD FL 32083-0231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2947490**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HUNTER, W.L.
402 E ST JOHNS ST
LAKE CITY FL 32025

Name **Robert Fitts**
 Street Address (P.O. Box Number is Not Acceptable)
Rt 4 Box 2807

City **Lake Butler** **FL** Zip Code **32054**

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 Fitts*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/00
 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 Delete
 NAME **PD**
 STREET ADDRESS **DYAL, GEORGE C.**
 CITY-ST-ZIP **245 SW 3RD AVE.**
LAKE BUTLER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STVD**
 STREET ADDRESS **DYAL, CHRISTINE**
 CITY-ST-ZIP **245 SW 3RD AVE.**
LAKE BUTLER FL 32054

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **RA**
 STREET ADDRESS **HUNTER, W.L.**
 CITY-ST-ZIP **402 E ST JOHNS ST**
LAKE CITY FL 32025

TITLE Change Addition
 NAME **RA**
 STREET ADDRESS **Fitts, Robert**
 CITY-ST-ZIP **Rt. 4 Box 2807**
Lake Butler, Fla, 32054

TITLE Delete
 NAME **D**
 STREET ADDRESS **HUNTER, JOYCE**
 CITY-ST-ZIP **402 E. ST JOHNS ST**
LAKE CITY FL 32025

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Foerman, Tammy L.**
 CITY-ST-ZIP **Rt. 4 Box 2807**
Lake Butler, Fla, 32054

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: *CHRISTINE DEQUINED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
 Date

(904) 496-2805
 Daytime Phone #

CR2E037 (9/99)