

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90193 034 ****61.25

DOCUMENT # N26586

1. Entity Name
FULL GOSPEL TEMPLE OF DELIVERANCE INC.

Principal Place of Business Mailing Address
P.O. BOX 231 **P.O. BOX 231**
RAIFORD FL 32083 **RAIFORD FL 32083**

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 **59-2947490** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITTS, ROBERT
RT 4 BOX 2807
LAKE BUTLER FL 32054

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD | <input type="checkbox"/> Delete |
| NAME | DYAL, GEORGE C. | |
| STREET ADDRESS | 245 SW 3RD AVE. | |
| CITY-ST-ZIP | LAKE BUTLER FL | |
| TITLE | STVD | <input type="checkbox"/> Delete |
| NAME | DYAL, CHRISTINE | |
| STREET ADDRESS | 245 SW 3RD AVE. | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | RA | <input type="checkbox"/> Delete |
| NAME | FITTS, ROBERT | |
| STREET ADDRESS | RT 4 BOX 2807 | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOERMAN, TAMMY L | |
| STREET ADDRESS | RT 4 BOX 2807 | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Dyal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (386) 496-2805
 Date Daytime Phone #

CR2E037 (9/01)