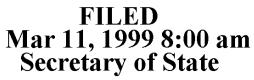
NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris



AINING	OAL REPORT			cretary of			03	-11-1999 90	020 049 ***	*61.25	
	1999 _ 🤏		DIVISIO	OF COR	PORATIONS	ومعرف إلى					
DOCU 1. Corporatio	MENT # N3642	3		:		1.					
HO! Y 7	ION TEMPLE OF DELIVERA	ANCE. IN	IC.								
11021 -	IOIT ICHT LE O. PLLITCH						,		,		
								•	ř		
Principal Plac	e of Business		ng Address								
HOLYZION TEI			NW 85ST		_	<b>&gt;</b>					
17801 SW 107 MIAMI FL 3315		US	II FL 33147						E BIRDIL BURIL BERUI BER		
US							•				
								0.11			٦.
· ·	Place of Business	_	lailing Address				<ol> <li>Date incorporated or 02/01/1990</li> </ol>	Qualified		•	
Sulte, Apt.	# etc	26	uite, Apt. #, et				4. FEI Number		Apr	plied For	1
22	π, σιο.	27		-			65-0206755	•	No	Applicable	]
City & Stat	te		ity & State		•		5. Certificate of Status I	Desired	\$8.75 A		
23		28			<u> </u>				Fee Re	<u>:                                    </u>	4
Zip	Country	` H	ip		Country		Election Campaign F Trust Fund Contribut	inancing	\$5.00_ Added t		·
24	9. Name and Address of Curre	29 29	red Acent	30			10. Name and Address			0 1000	1
					81 Na	те				<del></del> -	7
NABBIE CLEMENTINE 82 Street Address						is (P.O. Box Number is No	x Acceptable)	<u> </u>		1	
1933 NW 85ST .											4
MIAMI FL	33147				83	41.			*_	· · · ·	}
					84 Cit	У	J. '		85 Zip C	ode	ļ
11. Pursuant	to the provisions of Sections 617.05	02 and 617	.1508. Florida	Statutes, th	e above nar	ned corpo	audin submits this stateme	nt for the purpose	of changing its	registered	1
office or I	to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida.	Such change	was author 3. Florida S	ized by the o	corporation	's board of directors. I hen	aby accept the ap	pointment as reg	pistered	ĺ
-SIGNATURE	in lanials, with, and accept any cong		_				•	_			1 _
	Signature, typed or printed name of registered age				ered Agent signe	ture required v	ADDITIONS/CHANGE	S TO DEFICE BS		RS IN 12	-8
12.	OFFICERS A	ND DIRECT	DELE		13.	<u> </u>	i i i i i i i i i i i i i i i i i i i	3 10 011 102.10	Change	Addition	(11/98)
NAME	NABBIE, CLEMENTINE				2 NAME	T	lank Shaaba		: :	Λ	
STREET ADDRESS				١,	3 STREET ADOR	ESS RO	bert Abraha 73 Munday S	TT.			
CITY-ST-ZIP	MIAMI FL				A CITY-ST-ZIP	i			13 ====		CR2E037
TITLE	TD		☐ DELE		.1 TITLE	Co	conut Grove	331.	5.3 ☐ Change	☐ Addition	_
NAME	BRUNSON, MELLONY				2 NAME		2.0		•	•	ļ'
STREET ADDRESS	17980 NW 67TH AVE. APT D			1	3 STREET ADDR 4 CITY-ST-ZIP	233					ŀ
CTY-ST-ZP	SD	_	☐ DELE		I TITLE			<del></del>	☐ Change	Addition	1
NAME	TAFT, CARRIE			3	2 NAME						}
	11100 SW 197TH STREET, AP	T. 212, BL	DG.#6	3	3 STREET ADDR	ESS	•				
CITY-ST-ZIP	MIAMI FL				4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Channa	Addition	┨ .
TILE	TD AVERTURE		_ [] DELE		.1 TITLE					- []  -1,1,1	-
NAME	RICHARDSON, ANDREW C 9401 NW 35TH COURT			1	. 2 NOVIE .3 STREET ADOR	ESC.	•	•			1
STREET ADDRESS CITY-ST-ZIP	MIAMI FL				.4 CTY-ST-ZIP	_	•				]
TITLE	T		☐ DELE		1 TITLE	1			Change	Addition	1
NAME	SMITH, BRENDA				2 NAME	1			•		
STREET ADDRESS	19841 SW 114TH AVE, APT 20	08			3 STREET ADOR	ESS		•			
l	MIAMI FL 33157 _				A CITY-ST-ZIP	<del></del> -		•	☐ Change	Addition	1
CITY-ST-ZIP	T		☐ neie								
TILE	V		☐ DELE		2 NAME	-	4			<del></del>	
TATLE NAME	V LEECLARK, JIMMY		□ DELE	6		ESS	<del></del>		· · · · · · · · · · · · · · · · · · ·	- <del></del> ,-	
NAME STREET ADDRESS CITY. ST. ZE	V LEECLARK, JIMMY			6	2 NAME 3 STREET ADOR 4 CITY-ST-ZIP	ļ					

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall nave the same legal effect as it made units 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 m Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Umontin