

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000773

1. Entity Name

NEW BETHEL TEMPLE OF DELIVERANCE APOSTOLIC CHURCH

Principal Place of Business

1019 DAVIS DRIVE
TAMPA FL 33619

Mailing Address

1019 DAVIS DRIVE
TAMPA FL 33619-3725

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

59-3231078

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

FORTE, LOUISA
1019 DAVIS DRIVE
TAMPA FL 33619

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME FORTE, LOUISA
STREET ADDRESS 1019 DAVIS
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ Change ☒ Addition
NAME ELEASE DAVIS
STREET ADDRESS 741 S. 88th ST
CITY-ST-ZIP Tampa, FL 33619

TITLE D ☐ Delete
NAME JEFFERSON, JAMES
STREET ADDRESS 2412 WISHING WELL CIRCLE
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ Change ☒ Addition
NAME FRANCESIA JARAMILLO
STREET ADDRESS 4803 REGNAS AVE
CITY-ST-ZIP TAMPA, FL 33617

TITLE D ☐ Delete
NAME JEFFERSON, RODERO
STREET ADDRESS 1019 DAVIS DR
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORMON, CALLIE M
STREET ADDRESS 9860 LEWIS RD
CITY-ST-ZIP THONTASSA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, JOHN L
STREET ADDRESS 7007 KINGSTON ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33619

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: *Louisa Forte/LOUISA FORTE/Louisa Forte* 3/29/00 (813)620-3142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90044 046 ****66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)