

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N96000000924

1. Entity Name

FAITH TABERNACLE DELIVERANCE TEMPLE, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

08-03-2000 90038 011 ****61.25

Principal Place of Business

10275 N.E. 2ND AVE
MIAMI SHORES FL 33138

Mailing Address

10275 N.E. 2ND AVE
MIAMI SHORES FL 33138

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

223698830

APPLIED FOR

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

BROWN, CURTIS R
10275 N.E. 2ND AVE
MIAMI SHORES FL 33138

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

7-9-2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	BROWN, CURTIS R	
STREET ADDRESS	19622 N.W. 88 AVENUE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, EDWARD	
STREET ADDRESS	17721 N.W. 14 COURT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, EDDIE	
STREET ADDRESS	2870 N.W. 205 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Dishon Curtis R Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-2000

Date

Daytime Phone #

CR2E037 (5/00)