

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90082 008 \*\*\*\*70.00

**DOCUMENT # N97000000633**

1. Entity Name

**NEW DELIVERANCE EVANGELISTIC TEMPLE, INC.**

Principal Place of Business

Mailing Address

2208 BROADWAY  
 RIVIERA BEACH FL 33404

801 WEST 10 STREET  
 RIVIERA BEACH FL 33404-7333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 11321**

City & State

City & State  
**Riviera Bch FL**

4. FEI Number

**65-0726422**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33419**

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

**AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, YVONNE VORESE</b>	NAME	
STREET ADDRESS	<b>2208 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, ANNA LEE</b>	NAME	
STREET ADDRESS	<b>2208 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEDRICK, ROOSEVELT</b>	NAME	
STREET ADDRESS	<b>2208 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, JENECE</b>	NAME	
STREET ADDRESS	<b>2208 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, LASHUNN</b>	NAME	
STREET ADDRESS	<b>2208 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Yvonne Vorese Bush* **Yvonne Vorese Bush** 2/15/2000 (561) 840-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)