

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90145 047 \*\*\*\*61.25

**DOCUMENT # N97000000633**

1. Entity Name

**NEW DELIVERANCE EVANGELISTIC TEMPLE, INC.**

Principal Place of Business

Mailing Address

**2208 BROADWAY  
 RIVIERA BEACH FL 33404**

**PO BOX 11321  
 RIVIERA BEACH FL 33419**

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0726422**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BUSH, YVONNE VORESE</b>	
STREET ADDRESS	<b>2208 BROADWAY</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, ANNA LEE</b>	
STREET ADDRESS	<b>2208 BROADWAY</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHEDRICK, ROOSEVELT</b>	
STREET ADDRESS	<b>2208 BROADWAY</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES, JENECE</b>	
STREET ADDRESS	<b>2208 BROADWAY</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUSH, LASHUNN</b>	
STREET ADDRESS	<b>2208 BROADWAY</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
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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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:** *Yvonne Bush* **REQUIRED** *Yvonne Bush* **4/8/2002** **(561) 840-7690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)