

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90005 030 ****75.00

0041621

DOCUMENT # N97000000924

1. Entity Name

COMMUNITY FAITH DELIVERANCE TEMPLE, INC.

Principal Place of Business

**10353 SW 179TH STREET
 PERRINE FL 33157**

Mailing Address

**10353 SW 179TH STREET
 PERRINE FL 33157**

772471



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

65-0764281

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

**WILLIAMS, VERNITA C
 9970 NW 51ST LANE
 MIAMI FL 33178**

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 **PD** ☐ Delete
 NAME **WILLIAMS, RUFUS**
 STREET ADDRESS **10353 SW 179TH STREET**
 CITY-ST-ZIP **PERRINE FL 33157**

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

TITLE **VD** ☐ Delete
 NAME **YOUNG, DELOIS**
 STREET ADDRESS **14531 SW 296 ST.**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

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

TITLE **SD** ☐ Delete
 NAME **WILLIAMS, MARY**
 STREET ADDRESS **305 SW 4TH AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition
 NAME **SD Williams, Mary**
 STREET ADDRESS **10353 SW 179 street**
 CITY-ST-ZIP **Perrine, FL 33157**

TITLE **TD** ☐ Delete
 NAME **OFFICE, CLARENCE**
 STREET ADDRESS **911 NW 3RD ST.**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Rufus Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01 305-251-5669

Date

Daytime Phone #

CR2E037 (10/00)