

2002 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-27-2002 90050 048 *****75.00

DOCUMENT # N97000000924

1. Entity Name

COMMUNITY FAITH DELIVERANCE TEMPLE, INC.

Principal Place of Business

1153 SW 179TH STREET
 PERRINE FL 33157

Mailing Address

10353 SW 179TH STREET
 PERRINE FL 33157

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 **65-0764281**

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

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 **Bishop Williams, Rufus**
 STREET ADDRESS **10363 SW 179th Street**
 CITY-ST-ZIP **Perrine, Fla. 33157**

TITLE **VD** ☐ Delete
 NAME **YOUNG, DELOIS**
 STREET ADDRESS **14531 SW 298 ST.**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

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

TITLE **SD** ☐ Delete
 NAME **WILLIAMS, MARY**
 STREET ADDRESS **10353 SW 179 STREET**
 CITY-ST-ZIP **PERRINE FL 33157**

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

TITLE **TD** ☒ Delete
 NAME **OFFICE, CLARENCE**
 STREET ADDRESS **811 NW 3RD ST.**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Holmes Johnnie Mae**
 CITY-ST-ZIP **30510 SW 162 Ave**
Leisure City, Fla. 33033

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bishop Williams, Rufus 3/22/02 305-251-5664

Date

Daytime Phone #

CR2E037 (9/01)