

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90138 005 ****75.00

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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**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BISHOP 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 **VD** ☒ Change ☐ Addition
NAME **Young, Delois**
STREET ADDRESS **225 NE 13th Street Apt. D213**
CITY-ST-ZIP **HomeStead Florida 33030**

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 **HOLMES, JOHNNIE MAE**
STREET ADDRESS **30510 SW 152 AVE**
CITY-ST-ZIP **LEISURE CITY FL 33033**

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: *Signature Required* **3-22-2003**

CR2E037 (10/02)