

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004205 (7)

1. Corporation Name

FIRST TEMPLE OF DELIVERANCE, INC.



Principal Place of Business 9010 NW 27TH AVENUE MIAMI FL 33147	Mailing Address 2122 ADAMS STREET APT 410 HOLLYWOOD FL
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2. Principal Place of Business 21 2132 Washington St Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33020	2a. Mailing Address 25 2122 Adams St Suite, Apt. #, etc. 26 410 City & State 27 Hollywood, FL Zip 28 33020
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3. Date Incorporated or Qualified 07/23/1997
4. FEI Number 65-0764588
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BELL, ULYSSES 2122 ADAMS STREET APT 410 HOLLYWOOD FL 33020
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10. Name and Address of New Registered Agent 81 Name Bell Ulysses 82 Street Address (P.O. Box Number is Not Acceptable) 2122 Adams St Apt 410 83 84 City Hollywood FL 85 Zip Code 33020
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mr. Ulysses Bell (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President Ulysses Bell
STREET ADDRESS	2122 Adams St Apt. 410
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	Secretary Bessie Bell
STREET ADDRESS	2122 Adams St.
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	Treasurer Jacqueline W. Spates
STREET ADDRESS	2191 N.E. 104 St.
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	Decon Leatrice Brown
STREET ADDRESS	2125 Madison St.
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	need 2 more Dir
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director Anthony Bell
1.3 STREET ADDRESS	630 N. 70th Way
1.4 CITY-ST-ZIP	Hollywood, FL 33021
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Trustee Gwen Wright
2.3 STREET ADDRESS	3770 SW. 6 St.
2.4 CITY-ST-ZIP	Hollywood, FL 33023
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ulysses Bell Ulysses Bell 3-2-98(54)9251572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021115

CR2E037 (10/97)