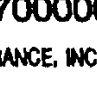


FILE NOW: FILING FEE IS \$61.25.

FILED

02-20-1999 90029 020 ****61.25

THE UNIVERSITY OF CHICAGO

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 APR 19 AM 9: 02-20-1999 90029 020 *****1.25	
DOCUMENT # N97000004205					
1. Corporation Name FIRST TEMPLE OF DELIVERANCE, INC.					
Principal Place of Business		Mailing Address			
2132 WASHINGTON ST HOLLYWOOD FL 33020 US		2122 ADAMS ST STE 410 HOLLYWOOD FL 33020 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. B, etc.		2a Suite, Apt. B, etc.		07/23/1997	
City & State		City & State		4. FEI Number	
Zip Country		Zip Country		65-0784588	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added To Fees	
5. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BELL, U. 2122 ADAMS STREET APT 410 HOLLYWOOD FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
			FL 33020		
11. Pursuant to the provisions of Sections §17.0502 and §17.1506, 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 §17.0503, Florida Statutes.					
SIGNATURE _____ DATE _____					
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agents signature required when substituting)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BELL, A		1.2 NAME	Katherine Bell	
STREET ADDRESS	630 N 70TH WAY		1.3 STREET ADDRESS	2122 Adams St	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	Hollywood FL 33020	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, G		2.2 NAME		
STREET ADDRESS	3770 SW 6 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPATES, J		3.2 NAME		
STREET ADDRESS	2181 NE 168 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Katherine Bell		4.2 NAME		
STREET ADDRESS	2122 Adams St		4.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood FL 33020		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CP2E037 (11/88)

SIGNATURE: SIGNATURE REQUIRED Wm. B. Bell 2-4-59 922-2432
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #