

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90080 005 ****61.25

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1. Entity Name

FAITH TEMPLE COMMUNITY DEVELOPMENT CORPORATION,

Principal Place of Business

Mailing Address

**1600 NW 17TH AVENUE
 POMPANO BEACH FL 33060
 US**

**4752 NW 6TH PLACE
 COCONUT CREEK FL 33063-6743
 US**

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

65-0886060

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

**SHOWERS, RAYFIELD
 4752 NW 6 PLACE
 COCONUT CREEK FL 33063**

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

Rayfield Showers

2/29/00

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 Delete
 NAME **D**
 STREET ADDRESS **DURDEN, CLIFFORD H.**
 CITY-ST-ZIP **702 BLVD CHATELAINE E. DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HEATH, WILLIE RUTH**
 CITY-ST-ZIP **1670 NW 5TH AVENUE POMPANO BEACH FL 33060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BELL, MARIAN**
 CITY-ST-ZIP **3541 NW 28TH CT. LAUDERDALE LAKES FL 33311**

TITLE Change Addition
 NAME *Brendra Durden*
 STREET ADDRESS *702 Blvd. Chateleine E*
 CITY-ST-ZIP *DeLray Bch, Fl. 33445*

TITLE Delete
 NAME **D**
 STREET ADDRESS **SHOWERS, BESSIE**
 CITY-ST-ZIP **4752 NW 6TH PLACE COCONUT CREEK FL 33063**

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:

Rayfield Showers
President

Date

Daytime Phone #

2/29/00 (954) 984-5987

CR2E037 (9/99)