

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90002 034 \*\*\*\*61.25

**DOCUMENT # N97000006461**

1. Entity Name

**FAITH TEMPLE COMMUNITY DEVELOPMENT CORPORATION, INC.**

Principal Place of Business

Mailing Address

1600 NW 17TH AVENUE  
 POMPANO BEACH FL 33060  
 US

4752 NW 6TH PLACE  
 COCONUT CREEK FL 33063  
 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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DURDEN, CLIFFORD H.</b>	
STREET ADDRESS	<b>702 BLVD CHATELAINE E.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEATH, WILLIE RUTH</b>	
STREET ADDRESS	<b>1670 NW 5TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNDEN, BRENDA</b>	
STREET ADDRESS	<b>702 BLVD CHATELAINE E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOWERS, BESSIE</b>	
STREET ADDRESS	<b>4752 NW 6TH PLACE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rayfield Showers</i>	
STREET ADDRESS	<i>4752 NW 6th PL Above</i>	
CITY-ST-ZIP	<i>Coconut Creek, FL 33063</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>April Granison</i>	
STREET ADDRESS	<i>6356 Willowbay Circle</i>	
CITY-ST-ZIP	<i>Lake Worth, FL 33463</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bridgett LeDay</i>	
STREET ADDRESS	<i>621 NW 10th</i>	
CITY-ST-ZIP	<i>Pompano Bch, FL 33060</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bessie Showers*

*1/13/02 984-5987*

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE