

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 08:00 A
Secretary of State

DOCUMENT # N98000005211

1. Entity Name
FAITHFUL DELIVERANCE TEMPLE, INC.



Principal Place of Business

**13660 NW 2ND AVE.
MIAMI, FL 33023**

Mailing Address

**769 NW 111 STREET
MIAMI, FL 33168 US**



06062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0820681

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAZZAL, WHITFIELD
13660 NW 2ND AVE.
MIAMI, FL 33023**

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IN THIS SPACE**

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 Mr. Whitfield Grazzal Pastor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/25/07
DATE

**Filing Fee Is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PR
NAME GRAZZAL, WHITFIELD
STREET ADDRESS 13660 NW 2ND AVE.
CITY-ST-ZIP MIAMI, FL 33168

TITLE APR
NAME COOKE, HYACINTH
STREET ADDRESS 1411 NW 112 STREET
CITY-ST-ZIP MIAMI, FL 33168

TITLE T
NAME GRAZZAL, FAYLIN
STREET ADDRESS 13660 NW 2ND AVE.
CITY-ST-ZIP MIAMI, FL 33168

TITLE S
NAME WISDOM, ROSE-MARIE
STREET ADDRESS 550 NW 186 STREET
CITY-ST-ZIP MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000786721
06/28/07-80002-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rose-Marie Wisdom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/07
Date

305-756-6740
Daytime Phone #