

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 005 ****61.25

DOCUMENT # N98000007220

1. Entity Name

DAVID TEMPLE OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

676 WINCHESTER AVENUE
 DAYTONA BEACH FL 32114-1970

676 WINCHESTER AVENUE
 DAYTONA BEACH FL 32114-1970

2. Principal Place of Business

3. Mailing Address

955C DRANGE AVENUE

955C DRANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona Beach FL.

Daytona Beach FL.

City & State

City & State

32114 USA

32114 USA

Zip

Country

Zip

Country

4. FEI Number

52-2143142
APPLIED FOR

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

DAVID, A.L.
676 WINCHESTER AVENUE
DAYTONA BEACH FL 32114-1970

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 *Allen L. David*

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	D	<input type="checkbox"/> Delete
NAME	DAVID, A.L. ELDER	
STREET ADDRESS	676 WINCHESTER AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-1970	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, HARRIETT N	
STREET ADDRESS	676 WINCHESTER AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-1970	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, DOROTHY	
STREET ADDRESS	616 CEDAR PARK DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Allen L. David* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00
 Date

253-0384
 Daytime Phone #