

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002553

1. Entity Name

FAITH TEMPLE OF DELIVERANCE, INC. ✓

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 042 ****70.00

Principal Place of Business

16231 NW 19 AVE
 MIAMI FL 33054-2077

Mailing Address

16231 NW 19 AVE
 MIAMI FL 33054-2077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1323 NW 54th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

4. FEI Number

65-0920218

Applied For

Not Applicable

Zip

Country

33142-3858

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, TERESSA
 16231 NW 19 AVE
 MIAMI FL 33054-2077

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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

TITLE: D
 NAME: BROOKS, TERESSA Delete
 STREET ADDRESS: 16231 NW 19 AVE
 CITY-ST-ZIP: MIAMI FL 33054-2077

TITLE: D
 NAME: DAVIS, ANITA Delete
 STREET ADDRESS: 544 NW 107 ST
 CITY-ST-ZIP: MIAMI FL 33168

TITLE: D
 NAME: GOREE, GREGORY Delete
 STREET ADDRESS: 2435 NW 168 ST
 CITY-ST-ZIP: MIAMI FL 33054

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SC Change Addition
 NAME: William Robinson
 STREET ADDRESS: 254 NW 51 Street
 CITY-ST-ZIP: Miami, Florida 33142

TITLE: CS Change Addition
 NAME: Cynkethia Ladson
 STREET ADDRESS: 701 NW 210 Street #311
 CITY-ST-ZIP: Miami, Florida 33169

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 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: *Teressa Brooks* [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/00 305 623-0046

Date

Daytime Phone #

CR2E037 (5/00)