

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90478 039 ****61.25

DOCUMENT # N99000002553

1. Entity Name

FAITH TEMPLE OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

1323 NW 54TH ST
 MIAMI FL 33142-3858

1323 NW 54TH ST
 MIAMI FL 33142-3858

340000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0920218

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	D	<input type="checkbox"/> Delete
NAME	BROOKS, TERESSA	
STREET ADDRESS	16231 NW 19 AVE	
CITY-ST-ZIP	MIAMI FL 33054-2077	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANITA	
STREET ADDRESS	544 NW 107 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOREE, GREGORY	
STREET ADDRESS	2435 NW 168 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	SC	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	254 NW 51 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	CS	<input type="checkbox"/> Delete
NAME	LADSON, CYNKETHIA	
STREET ADDRESS	701 NW 210 ST #311	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Teressa Brooks* **Teressa Brooks** 4/11/01 305 623-0046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)