


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90003 040 ****61.25

DOCUMENT # N99000002553			
1. Entity Name FAITH TEMPLE OF DELIVERANCE, INC.			
Principal Place of Business 1323 NW 54TH ST MIAMI FL 33142-3858		Mailing Address 1323 NW 54TH ST MIAMI FL 33142-3858	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

J4U00U11



MOORE CR2E037 (4/04)

4. FEI Number 65-0920218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, TERESSA 16231 NW 19 AVE MIAMI FL 33054-2077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ANITA 544 NW 107 ST MIAMI FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Minister <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Willie Smith 700 NW 203rd Street Miami, Florida 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOREE, GREGORY 2435 NW 168 ST MIAMI FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcus Moise 410 NW 131st Street Miami, Florida 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC ROBINSON, WILLIAM 254 NW 51 ST MIAMI FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jackson, Addie 1821 NW 166th Street Opa-Locka, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LADSON, CYNKETHIA 701 NW 210 ST #311 MIAMI FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/04 305.623-0086
Date Daytime Phone #