


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-08-2003 90097 006 ****70.00

DOCUMENT # N99000002553 ✓

1. Entity Name
FAITH TEMPLE OF DELIVERANCE, INC.



DO NOT WRITE IN THIS SPACE

55003679

2. Principal Place of Business
1323 NW 54th ST
Suite, Apt. #, etc.

3. Mailing Address
1323 NW 54th ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL City & State MIAMI FL 4. FEI Number 65-0920218 Applied For
Not Applicable

Zip 33142 Country Zip 33142 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TERESSA BROOKS

Street Address (P.O. Box Number is Not Acceptable)
16231 NW 19th AVE

City MIAMI FL Zip Code 33054

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 _____

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE	<u>D</u>	TITLE	
NAME	<u>BROOKS, TERESSA</u>	NAME	
STREET ADDRESS	<u>16231 NW 19th AVE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33054</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>DAVIS, ANITA</u>	NAME	
STREET ADDRESS	<u>544 NW 107 ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33168</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>GOREE, GREGORY</u>	NAME	
STREET ADDRESS	<u>2435 NW 168th ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33056</u>	CITY-ST-ZIP	
TITLE	<u>SC</u>	TITLE	
NAME	<u>ROBINSON, WILLIAM</u>	NAME	
STREET ADDRESS	<u>254 NW 51st ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33142</u>	CITY-ST-ZIP	
TITLE	<u>CS</u>	TITLE	
NAME	<u>LADSON, CYNKETHIA</u>	NAME	
STREET ADDRESS	<u>701 NW 210 ST #311</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33169</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teressa Brooks 1/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)