

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002792

1. Entity Name

BROWN'S TEMPLE DELIVERANCE CENTER INC.

Principal Place of Business

2025 SO. ADAMS STREET
TALLAHASSEE FL 32304

Mailing Address

2025 SO. ADAMS STREET
TALLAHASSEE FL 32304

2. Principal Place of Business

2025 S Adams St.

Suite, Apt. #, etc.

3. Mailing Address

2025 S Adams St.

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip

32304

Country

City & State

Tall. Fla.

Zip

32304

Country

4. FEI Number

59-3581948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, L.C. ELDER
2025 SO. ADAMS STREET
TALLAHASSEE FL 32304

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Pastor	6040 Buttonwillow Lane	Tallahassee, FL 32311	<input type="checkbox"/>
	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
	Pastor	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
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	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>
	ELDER L.C. BROWN	6040 Buttonwillow Lane	Tall. Fla. 32304	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

9-13-00

850-878-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001503

CR2E037 (5/00)

FILED

00 OCT 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE