

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005619

1. Entity Name

WORD OF LIFE DELIVERANCE CENTER, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90323 010 \*\*\*\*\*70.00

0037911

Principal Place of Business

57 N.W. 47 TERRACE  
MIAMI FL 33127

Mailing Address

57 N.W. 47 TERRACE  
MIAMI FL 33127

2. Principal Place of Business

57 N.W. 47 Terr  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FLA

City & State

4. FEI Number

65-0961087

Applied For

☒ Not Applicable

Zip

33127

Country

DADE

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SHIRLEY  
6531 N.W. 1 PLACE  
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

NONE

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

Shirley Jackson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEMPLE, ANNIE LAURA	
STREET ADDRESS	57 NW 47 TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TEMPLE, LES 00ZS	
STREET ADDRESS	57 NW 47 TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIE J	
STREET ADDRESS	2261 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Annie L. Temple  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001  
Date

Daytime Phone #

CR2E037 (10/00)