

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

04-10-2000 90058 005 ****70.00

DOCUMENT # 737939

1. Entity Name

UNITED FAITH MISSIONARY TEMPLE, INC.

Principal Place of Business

4435 TERESA BLVD
ORLANDO FL 32811
US

Mailing Address

4435 TERESA BLVD
ORLANDO FL 32811-4220
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1730595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDRIDGE, WILLIE
4435 TERESA BLVD.
ORLANDO FL 32811

Name

Napoleon Massey

Street Address (P.O. Box Number is Not Acceptable)

4609 Wellesly Drive

City

Orlando, Florida, 32818

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. checkbox

\$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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD ELDRIDGE, WILLIE; VD MASSEY, NAPOLEON; T MASSEY, DOROTHY; D GUY, DELLIE W; S MCNABB, TENA.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD Napoleon Massey; VD Guy Dellie Willis; T Doretha Massey; D Carl Brinson; S Tena McNabb.

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

Napoleon Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)