

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737939
1. Entity Name United Faith Missionary Temple, Inc.
 619 Conley Street
 Orlando, Fla, 32805

FILED
 01 SEP -4 PM 1:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 619 Conley Street
 Orlando, Fla, 32805

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. 4609 Wellesly Dr.
 Suite, Apt. #, etc.

City & State **City & State**
 Orlando, Fla, 32818

04/04/01 90109-007 \$70.00

6. Name and Address of Current Registered Agent
 Napoleon Massey
 4609 Wellesley Dr
 Orlando, Fla, 32818

4. FEI Number 59-1730595
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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	Pres. Dir. Napoleon Massey 4609 Wellesly Dr Orlando, Fla, 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guy Willis <input checked="" type="checkbox"/> Delete Unk.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas, Doretha Massey 4609 Wellesly Dr. Orlando, Fla, 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec, Tena McNabb 5121 Danny Boy Circle Orlando, Fla, 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Dir. Carl Brinson 5396 Botany Ct. Orlando, Fla, 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Maggie Turner 523 West Jackson St, Apt #110 Orlando, Fla, 32805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 and 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, or all other information.

SIGNATURE: Napoleon Massey 9 15 01

CR2E037 (5/01)