

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
 02-06-2002 90023 048 ****61.25

0061479

DOCUMENT # N94000001487
 1. Entity Name
WATSON TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business Mailing Address
665 W GEORGIA ST **PO BOX 2576**
TALLAHASSEE FL 32304 **TALLAHASSEE FL 32304**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2415504** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHEPPARD, DONALD
3103 S. FULMER CIR
TALLAHASSEE FL 32303

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 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	TT	<input type="checkbox"/> Delete
NAME	STALLWORTH, THEOTIS	
STREET ADDRESS	502 DUPONT DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STALLWORTH, FRANCIS	
STREET ADDRESS	502 DUPONT DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, OBADIAH	
STREET ADDRESS	1112 JOE LOUIS	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TP	<input type="checkbox"/> Delete
NAME	SHEPPARD, DONALD	
STREET ADDRESS	3103 S FULMER CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMS, WINIFRED E	
STREET ADDRESS	1775 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, ESSIE	
STREET ADDRESS	934 MILLARD ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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
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: *Donald E. Sheppard* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Donald E. Sheppard** **1/12/02** **562-9115**
Signature Date Daytime Phone #

CR2E037 (9/01)