

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 015 ****70.00

DOCUMENT # **N99000005403**

1. Entity Name

GOD'S HOLY Temple Outreach Ministries, INCORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2164 N. Federal HWY

3. Mailing Address

315 A North 11th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Pierce, Florida

City & State
Fort Pierce, Florida

4. FEI Number

Applied For

Not Applicable

Zip
34950

Country
ST. Lucie

Zip
34950

Country
ST. Lucie

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Cassandra Spears

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

3113 Ave S

City
Fort Pierce

FL

Zip Code
34947

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEACON Elvin Haugabook 315 A N. 11th Street Fort Pierce, Florida 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pastor Douglas E. Symonette 11608 Ave H Fort Pierce, Florida 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Recording Secretary Cassandra Spears 3113 Ave S Fort Pierce, Florida 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Financial Secretary / Treasurer Alice Haugabook 315 A N. 11th Street Fort Pierce, Florida 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Alice Z. Haugabook** **Alice Z. Haugabook** **3/27/03 (m) 465-1016**

CR2E037B (12/02)