

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-23-2002 90074 021 ****61.25

DOCUMENT # **707269**

1. Entity Name

GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1656 WEST EDGEWOOD AVENUE
~~P.O. BOX 8036~~
 JACKSONVILLE FL 32208

POB 9216
~~P.O. BOX 8036~~
 JACKSONVILLE FL 32208
 US

2. Principal Place of Business

3. Mailing Address

~~2511 Beaver St~~
 Suite, Apt. #, etc.

P.O. Box 9216
 Suite, Apt. #, etc.

City & State

City & State

~~Jacksonville FL~~

Jacksonville FL

Zip

Country

Zip

Country

~~32254~~

~~United~~

32208

United

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSEY, BISHOP C. D.
2591 W GEAVER ST
JACKSONVILLE FL 32254

Name

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

2591 W. Beaver St.

City

Jacksonville

FL

Zip Code

32254

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **JACKSON, PATDERICKA**
 STREET ADDRESS **9050 9TH AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **KINSEY, CALVIN**
 STREET ADDRESS **2591 BEAVER ST W**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **NELSON, ANTOINETTE**
 STREET ADDRESS **646 CHERRY PARK DR N**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **Closter, Kent**
 STREET ADDRESS **545 Aberdeen Ct**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D - May, Major** Delete
 NAME **D - May, Major**
 STREET ADDRESS **6547 W. Kinlocke Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32219**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D - Serran, Arthur** Delete
 NAME **D - Serran, Arthur**
 STREET ADDRESS **6054 Ribault Rd**
 CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE Change 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)(l), 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:

Antoinette Nelson
Antoinette Nelson 1-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)