

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90113 044 ****70.00

DOCUMENT # **707269**



1. Entity Name
**GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF J
ACKSONVILLE, INC.**

Principal Place of Business
**1656 WEST EDGEWOOD AVENUE
P O BOX 9036
JACKSONVILLE FL 32208**

Mailing Address
**POB 9216
JACKSONVILLE FL 32208
US**



2. Principal Place of Business
2591 W. Beaver St

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Suite, Apt. #, etc.

4. FEI Number **59-2428267** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**KINSEY, BISHOP C. D.
2591 W BEAVER ST
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent
Name **Carrie B. Kinsey**
Street Address (P.O. Box Number is Not Acceptable)
12754 Muirfield Blvd N.
City **Jacksonville** FL Zip Code **32225**

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 **Carrie B. Kinsey President** (NOTE: Registered Agent signature required when reinstating)
DATE **Jan. 28, 03**

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KINSEY, CALVIN	
STREET ADDRESS	2591 BEAVER ST W	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELSON, ANTOINETTE	
STREET ADDRESS	646 CHERRY PARK DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLOSTER, KENT	
STREET ADDRESS	595 ABERDEEN CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, MAJOR	
STREET ADDRESS	6547 WIKINLOCKE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERMON, ARTHUR	
STREET ADDRESS	6054 RIBAUT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrie B. Kinsey	
STREET ADDRESS	12754 Muirfield Blvd N	
CITY-ST-ZIP	Jacksonville, FL 32225	
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: **Antoinette Nelson** 5/0 Antoinette Nelson 1/27/03/904/387-5475

CR2E037 (10/02)