

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90125 010 ****61.25

DOCUMENT # 714722

1. Entity Name

Grace Temple Church of the Living God, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

7431 Old Floral City Rd.

Suite, Apt. #, etc.

City & State
Floral City, Fl.

Zip
34436

Country

U.S.

P.O. Box 243

Suite, Apt. #, etc.

Grace Temple Church

City & State
Floral City, Fl.

Zip
34436

Country

U.S.

00084514

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6518320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Driscella Bellamy
806 Leroy Bellamy Rd.
INVERNESS, FL 34450 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T Arthur White Sr.
3666 S. APOPKA
INVERNESS, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
M. Gladys Bellamy
416 Washington Ave.
INVERNESS, FL 34450 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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: Leroy Bellamy LEROY Bellamy 4-26-00 (352)-726-1715

CR2E037 (9/99)