

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90200 036 ****70.00

DOCUMENT # 722136

1. Entity Name

CHRIST TEMPLE APOSTOLIC FAITH CHURCH, INC.

Principal Place of Business

Mailing Address

816 9TH ST.
WEST PALM BEACH FL 33401

800 14TH STREET
WEST PALM BEACH FL 33401-2506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1366535

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLUNTSON, LULA M.
2010 NORMANDY CIRCLE
WEST PALM BEACH FL 33409

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 | P/D | <input type="checkbox"/> Delete |
| NAME | BLUNTSON, LULA MAE | |
| STREET ADDRESS | 2010 NORMANDY CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | VP/D | <input type="checkbox"/> Delete |
| NAME | JACKSON, ELIZABETH B | |
| STREET ADDRESS | 726 48TH ST. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | WINGATE, MARIAN | |
| STREET ADDRESS | 922 30TH COURT | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Lula Mae Bluntson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

4-21-00

561-833-1491

Date

Daytime Phone #

CR2E037 (9/99)