

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90226 009 ****70.00

DOCUMENT # **722136**
 1. Entity Name
Christ Temple Apostolic Faith Church

Principal Place of Business Mailing Address
Christ Temple Apostolic Faith Church
816 9th Street 816 9th St

2. Principal Place of Business 3. Mailing Address
816 9th St 2010 Normandy Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State FL City & State FL
WPB FL WPB FL
 Zip 33401 Country Zip 33409 Country **Palm Beach**

4. FEI Number **59-1366535** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Lula M Bluntson
2010 Normandy Circle
West Palm Beach, FL 33409

7. Name and Address of New Registered Agent
 Name **Lula M Bluntson**
 Street Address (P.O. Box Number is Not Acceptable)
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. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐ **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Lula M. Bluntson	
STREET ADDRESS	2010 Normandy Circle	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	Elizabeth B. Jackson	
STREET ADDRESS	726 48th St	
CITY-ST-ZIP	WPB FL 33407	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Marian Wingate	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **05-07-01 (561) 833.1491** Date Daytime Phone #

CR2E037 (11/00)