

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723526

1. Entity Name

SPIRITUAL GUIDANCE TEMPLE OF TRUTH, INC. ✓

Principal Place of Business

181 NW 23RD AVE  
POMPANO BEACH FL 33069-2624

Mailing Address

9073 SW 20 PLACE  
MIRAMAR FL 33025

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, DEREK T.  
9073 SW 20 PLACE  
MIRAMAR FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 PD  
NAME DAVIS, DEREK T ☐ Delete  
STREET ADDRESS 9073 SW 20 PLACE  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE SD  
NAME HART, HALLIE Q ☒ Delete  
STREET ADDRESS 2230 NW 196 STREET  
CITY-ST-ZIP MIAMI FL 33056 *DECEASED*

TITLE D  
NAME DRAKE, ROVENIA ☐ Delete  
STREET ADDRESS 1417 N.E. 152 TERR.  
CITY-ST-ZIP N.MIAMI BCH. FL

TITLE D  
NAME DENNIS, ROBERT ☐ Delete  
STREET ADDRESS 255 SW 3 AVE., APT. 107  
CITY-ST-ZIP DEERFIELD FL 33441

TITLE D  
NAME SHEFFIELD, MILDRED ☐ Delete  
STREET ADDRESS 215 NW 15 COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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)(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]* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90029 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1809462** Applied For ☐ Not Applicable ☐

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

CR2E037 (4/02)