

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/13/02

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90088 003 \*\*\*\*61.25

**DOCUMENT # 724579**

1. Entity Name

**HOLY TEMPLE OF GOD IN CHRIST, INC.**

Principal Place of Business

1301 WEST 37TH STREET  
WEST PALM BEACH FL 33404

Mailing Address

X 381 W. 18 ST  
RIVERIA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

GILBERT, RUBY REV  
381 WEST 18TH STREET  
RIVERIA BEACH FL 33404

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | <del>MURPHY, WILHE</del>   |                                 |
| STREET ADDRESS | 853 NW 2ND STREET          |                                 |
| CITY-ST-ZIP    | FLORIDA CITY FL 33030      |                                 |
| TITLE          | S                          | <input type="checkbox"/> Delete |
| NAME           | HUGHES, MARILYN A          |                                 |
| STREET ADDRESS | 328 DATE PALM DR           |                                 |
| CITY-ST-ZIP    | LAKE PARK FL 33404         |                                 |
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | HUGHES, RODNEY E           |                                 |
| STREET ADDRESS | 328 DATE PALM DR           |                                 |
| CITY-ST-ZIP    | LAKE PARK FL 33404         |                                 |
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | GILBERT, LUCILLE           |                                 |
| STREET ADDRESS | 381 W 18 ST                |                                 |
| CITY-ST-ZIP    | RIVERIA BEACH FL 33404     |                                 |
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | <del>MURPHY, WILHE</del>   |                                 |
| STREET ADDRESS | 853 NW 2ND ST.             |                                 |
| CITY-ST-ZIP    | FLORIDA CITY FL            |                                 |
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | <del>MURPHY, DOROTHY</del> |                                 |
| STREET ADDRESS | 853 NW 2ND ST.             |                                 |
| CITY-ST-ZIP    | FLORIDA CITY FL 33030      |                                 |

|                |                               |                                                                   |
|----------------|-------------------------------|-------------------------------------------------------------------|
| TITLE          | + Eugene Gilbert              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                                                   |
| STREET ADDRESS | 361 W 18 St Riviera Beach Fla |                                                                   |
| 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

*Eugene Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # 724579

25023

4-4-2002

Florida Department of State  
to Katherine Harris  
Secretary of State

Subject, Holy Temple of God in Christ  
Reference Number 724579

Registered Agent Rev Ruby Gilbert 361 W 18 St  
Pineiro Beach Fla-  
33404

S Marilyn Hughes  
326 Dale Palm Dr  
Lake Park Fla.  
33404

T Eugene Gilbert  
361 W. 18 St  
Pineiro Beach Fla.  
33404

T Rodney Hughes  
326 Dale Palm Dr  
Lake Park Fla.  
33404

T Lucille Gilbert  
Pineiro Beach Fla.  
33404