

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90054 029 \*\*\*\*61.25

**DOCUMENT # 732621**

1. Entity Name

**ROYAL TEMPLE PENTECOSTAL HOLINESS CHURCH, INC.**

Principal Place of Business

INC.  
116 JACKSON STREET  
ALTAMONTE SPRINGS FL 32701

Mailing Address

1901 NICOLE LEE CIRCLE  
#1220  
APOPKA FL 32703  
US

2. Principal Place of Business

116 Jackson St.  
Suite, Apt. #, etc.

3. Mailing Address

1901 Nicole Lee Circle  
#1220  
Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

Apopka

Zip

32701

Country

USA

Zip

FL

Country

USA

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

LOCKETT, CLEMMIE  
116 JACKSON ST.  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name: Daniel Sims  
Street Address (P.O. Box Number is Not Acceptable): 1901 Nicole Lee Cir #1220  
City: Apopka FL Zip Code: 32703

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LOCKETT, BISHOP CLEMMIE	
STREET ADDRESS	4421 CHINA BERRY CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIMS, ELDER DANIEL	
STREET ADDRESS	1901 NICOLE LEE CIR #1220	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMS, DOROTHY	
STREET ADDRESS	1901 NICOLE LEE CIR #1220	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, ELDER HERBERT	
STREET ADDRESS	1249 WHISPERING WINDS CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHMOND, LINDA	
STREET ADDRESS	5270 N ORANGE BLOSSOM TR #208	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHMOND, ALVIN L	
STREET ADDRESS	5270 N ORANGE BLOSSOM TR #208	
CITY-ST-ZIP	ORLANDO FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Sims	
STREET ADDRESS	1901 Nicole Lee Cir #1220	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Sims	
STREET ADDRESS	1901 Nicole Lee Cir #1220	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Takisha Sims	
STREET ADDRESS	5246 North Orange Blossom Tr	
CITY-ST-ZIP	Orlando FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geraldine Sims	
STREET ADDRESS	5246 North Orange Blossom Tr	
CITY-ST-ZIP	Orlando, FL 32810	
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 (40) 914-8427  
Date Daytime Phone #

CR2E037 (10/00)