

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90706 003 ****61.25

DOCUMENT # 732621

1. Entity Name

ROYAL TEMPLE PENTECOSTAL HOLINESS CHURCH, INC.

Principal Place of Business

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 Street

Suite, Apt. #, etc.

City & State

ALTAMONTE, SPRINGS FL.

Zip

32701

Country

USA

3. Mailing Address

1901 Nicole Lee Circle

Suite, Apt. #, etc.

1220

City & State

Apopka FL.

Zip

32703

Country

USA



DO NOT WRITE IN THIS SPACE

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

SIMS, DANIEL

1901 NICOLE LEE CIRCLE #1220
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Daniel Sims

Street Address (P.O. Box Number is Not Acceptable)

1901 Nicole Lee Circle #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 ☐ Delete
 NAME PD
 STREET ADDRESS SIMS, DANIEL
 CITY-ST-ZIP 1901 NICOLE LEE CIRCLE #1220
 APOPKA FL 32703

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS SIMS, DOROTHY
 CITY-ST-ZIP 1901 NICOLE LEE CIR #1220
 APOPKA FL 32703

TITLE ☐ Delete
 NAME T
 STREET ADDRESS SIMS, TAKISHA
 CITY-ST-ZIP 5246 NORTH ORANVE BLOSSOM TRAIL
 ORLANDO FL 32810

TITLE ☐ Delete
 NAME S
 STREET ADDRESS SIMS, GERALDINE
 CITY-ST-ZIP 5246 NORTH ORANGE BLOSSOM TRAIL
 ORLANDO FL 32810

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 (407) 919-8427

Date

Daytime Phone #

CR2E037 (9/01)