

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733489

1. Entity Name

HOLY TEMPLE OF GOD, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90010 027 ****70.00

Principal Place of Business

1220 NE 23RD AVENUE
P O BOX 975
GAINESVILLE FL 32609
US

Mailing Address

3015 NE 13TH DRIVE
GAINESVILLE FL 32609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2786486

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, WANDA J
1246 NE 16TH PLACE
GAINESVILLE FL 32609

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CAMPS, WALTER
STREET ADDRESS 3015 NE 31ST DRIVE
CITY-ST-ZIP GAINESVILLE FL ☒ Delete

TITLE PD
NAME Camps, Walter Sr.
STREET ADDRESS 3015 NE 13 Drive
CITY-ST-ZIP Gainesville, FL 32609 ☐ Change ☒ Addition

TITLE TSD
NAME MCGOLLIE, ERNEST, JR.
STREET ADDRESS HWY 26 EAST
CITY-ST-ZIP MELROSE FL ☒ Delete

TITLE VD
NAME Hutchinson, Harvey Jr.
STREET ADDRESS 3869 SE 9 Lane
CITY-ST-ZIP Melrose, FL 32666 ☒ Change ☒ Addition

TITLE VD
NAME BRYANT, MAMIE
STREET ADDRESS BIG APPLE ROAD
CITY-ST-ZIP EAST PALATKA FL ☒ Delete

TITLE VD
NAME Bryant, Mamie
STREET ADDRESS 113 Big Apple Road
CITY-ST-ZIP East Palatka, FL 32131 ☐ Change ☒ Addition

TITLE RS
NAME CAMPS, WILMA R.
STREET ADDRESS 3015 NE 31ST DRIVE
CITY-ST-ZIP GAINESVILLE FL ☒ Delete

TITLE RS
NAME McCullough, Carl
STREET ADDRESS 687 St. Andrews Circle
CITY-ST-ZIP Rantoul, IL 60186 ☒ Change ☒ Addition

TITLE RS
NAME JACKSON, ALONZO
STREET ADDRESS OAKLAND AVENUE
CITY-ST-ZIP SAN MATEO FL ☒ Delete

TITLE TS
NAME Jackson, Alonzo
STREET ADDRESS Oakland Avenue
CITY-ST-ZIP San Mateo, FL 32187 ☐ Change ☒ Addition

TITLE ST
NAME HUTCHINSON, ROSA
STREET ADDRESS 3884 SE 8TH AVENUE
CITY-ST-ZIP MELROSE FL 32666 ☒ Delete

TITLE RS
NAME Camps, Wilma
STREET ADDRESS 3015 NE 13 Drive
CITY-ST-ZIP Gainesville, FL 32609 ☐ Change ☒ Addition

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:

Walter Camps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00

Date

(352)378-1890

Daytime Phone #

CR2E037 (5/00)