

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733489

1. Entity Name

HOLY TEMPLE OF GOD, INC.

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

(Same)

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2786486

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name (Same)

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

4000004586394--7

-09/13/01--01008--005

City

*****70.00 *****70.00
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

Wanda J. Nelson

Wanda J. Nelson

8/19/01

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 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPS, WALTER 3015 NE 31ST DRIVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO MCGOLLIE, ERNEST, JR. HWY 26 EAST MELROSE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, MAMIE BIG APPLE ROAD EAST PALATKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CAMPS, WILMA R. 3015 NE 31ST DRIVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, ALONZO OAKLAND AVENUE SAN MATEO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUTCHINSON, ROSA 3884 SE 8TH AVENUE MELROSE FL 32666	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Camps, Walter, Sr. 3015 NE 13th Drive Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hutchinson, Harvey Jr. 3869 SE 9 Lane Melrose, FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bryant, Mamie 113 Big Apple Road East Palatka, FL 32131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Camps, Wilma R. 3015 NE 13th Drive Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Jackson, Alonzo P.O. Box 1221 San Mateo, FL 32187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS McScullough, Carl 687 St. Andrews Circle Kantaul, FL 32186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Wanda J. Nelson

(352) 378-1890
8/19/01 (352) 378-1890

APPROVED
AND
FILED

FILED

Sep 07, 2001 8:00 A.M.
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)