

2002 UNIFORM BUSINESS REPORT (UBR)

0003367

DOCUMENT # 733489

1. Entity Name
HOLY TEMPLE OF GOD, INCORPORATED

FILED

02 DEC 20 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% LANDMARK HOLY TEMPLE OF GOD
1220 N.E. 23RD AVENUE
GAINESVILLE FL 32609
US

Mailing Address
P. O. BOX 975
GAINESVILLE FL 32602



2. Principal Place of Business
(Same)
Suite, Apt. #, etc.

3. Mailing Address
(Same)
Suite, Apt. #, etc.

REINSTATEMENT

City & State
City & State

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)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wanda J. Nelson* General Executive Secretary 12/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPS, WALTER SR.		NAME		
STREET ADDRESS	3015 NE 13TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, HARVEY JR.		NAME		
STREET ADDRESS	3869 SE 9 LANE		STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, MAMIE		NAME		
STREET ADDRESS	113 BIG APPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL 32131		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPMS, WILMA R		NAME		
STREET ADDRESS	3015 NE 13TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ALONZO		NAME		
STREET ADDRESS	P. O. BOX 1221		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, CARL		NAME		
STREET ADDRESS	687 ST. ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	RANTOUL IL 61866		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: *Wanda J. Nelson* 12/17/02 (352) 378-1890

CR2E037 (4/02)