

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737096

1. Entity Name

FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CIT

Principal Place of Business

Mailing Address

4240 FRONTAGE RD. N.  
PLANT CITY FL 33565-9404

4240 FRONTAGE RD. N.  
PLANT CITY FL 33565-9404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1453436

Applied For

Not Applicable

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

TRINKLE, ROBERT S  
306 WEST REYNOLDS ST.  
PLANT CITY FL

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

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	S	<input type="checkbox"/> Delete
NAME	ALMON, GAYLE	
STREET ADDRESS	3012 E WILLIAMS RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FUTCH, FRANK W	
STREET ADDRESS	7018 O'DONIEL LOOP W	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVAN, E W	
STREET ADDRESS	4270 FRONTAGE RD NO	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMON, SCOTT	
STREET ADDRESS	3923 WOODBURN LOOP E	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, JACK	
STREET ADDRESS	4007 PINDA PALM CT	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, EUGENE	
STREET ADDRESS	4730 KNIGHTS STATION RD	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Gayle Almon* REDEEMED GAYLE ALMON

1-8-01

813-752-0532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90037 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE