

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90005 017 \*\*\*\*61.25

**DOCUMENT # 737096**

1. Entity Name

**FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CITY  
Y, FLORIDA**

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 &amp; State

City &amp; 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **ALMON, GAYLE**  
STREET ADDRESS **3012 E WILLIAMS RD**  
CITY-ST-ZIP **PLANT CITY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **FUTCH, FRANK W**  
STREET ADDRESS **7018 O'DONIEL LOOP W**  
CITY-ST-ZIP **LAKE LAND FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **SULLIVAN, E W**  
STREET ADDRESS **4270 FRONTAGE RD NO**  
CITY-ST-ZIP **PLANT CITY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ALMON, SCOTT**  
STREET ADDRESS **3923 WOODBURN LOOP E**  
CITY-ST-ZIP **LAKE LAND FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HORNER, JACK**  
STREET ADDRESS **4007 PINDA PALM CT**  
CITY-ST-ZIP **PLANT CITY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **GREEN, EUGENE**  
STREET ADDRESS **4730 KNIGHTS STATION RD**  
CITY-ST-ZIP **LAKE LAND FL 33801**TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-02**

Date

**813-752-0532**

Daytime Phone #

CR2E037 (9/01)