

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737939

1. Entity Name

United Faith Missionary Temple, Inc.  
619 Conley Street  
Orlando, Fla, 32805

FILED

01 SEP -4 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

619 Conley Street  
Orlando, Fla, 32805

2. Principal Place of Business

3. Mailing Address

4609 Wellesly Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, Fla, 32818

4. FEI Number

59-1730595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

04/04/01 90109-007 \$70.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Napoleon Massey  
4609 Wellesly Dr  
Orlando, Fla, 32818

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres. Dir.  
Napoleon Massey  
4609 Wellesly Dr  
Orlando, Fla, 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Dir.  
Carl Brinson  
5396 Botany Ct.  
Orlando, Fla, 32811 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Guy Willis  
Unk. ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treas.  
Doretha Massey  
4609 Wellesly Dr.  
Orlando, Fla, 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dir.  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dir.  
Maggie Turner  
523 West Jackson St, Apt #110  
Orlando, Fla, 32805 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec,  
Tena McNabb  
5121 Danny Boy Circle  
Orlando, Fla, 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 sole proprietor 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, or on all other information.

SIGNATURE: Napoleon Massey

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CR2E037 (5/01)