

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740148

1. Entity Name

MIRACLE TEMPLE CHURCH OF JESUS CHRIST APOSTOLIC, INC.

Principal Place of Business

Mailing Address

1818 MOSELEY STREET  
JACKSONVILLE FL 32207  
US

P.O. BOX 2882  
JACKSONVILLE FL 32203  
US

2. Principal Place of Business

3. Mailing Address

1818 MOSELEY ST

PO BOX 2882

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32207

Country

FLORIDA

Zip

32202

Country

FLORIDA

4. FEI Number

59-2952214

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

MYRICKS, CLEO  
1818 MOSELEY STREET  
JACKSONVILLE FL 32203

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	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LA CON	
STREET ADDRESS	1818 MOSELEY ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAVE, PATRICIA	
STREET ADDRESS	1818 MOSELEY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYRICKS, REV CLEO B	
STREET ADDRESS	1818 MOSELEY ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-02

Date

404) 394 6712

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90083 033 \*\*\*\*70.00

CR2E037 (9/01)