4/5

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
04-09-2002 91181 036 ****75.00

DOCUMENT # 745012

1. Entity Name

TEMPLE OF APOSTLES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3505 CENTRAL AVE.<br>TAMPA FL 33603 | 3505 CENTRAL AVE.<br>TAMPA FL 33603 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 59-2781337 ☐ 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 |
|---|---|
| MORELAND, GERTRUDE<br>4212 LASALLE STREET<br>TAMPA FL 33607 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Gertrude Moreland DE 4.30.02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MORELAND, GERTRUDE<br>4212 LASALLE ST.<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GARTRUDE MORELAND<br>3207 SANCHEZ Street<br>TAMPA FLA 33605 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MORELAND, ROY<br>4212 LASALLE ST.<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ROY MORELAND<br>3207 SANCHEZ Street<br>TAMPA FLA 33605 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FIELD, JOHN W.<br>1012 E LAKE AVE<br>TAMPA FL 33605 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BARBARA COZTON<br>312 WOODLAWN AVE<br>TAMPA FLA 33603 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WILLIAM, VEROLA<br>2005 E 23RD AVE<br>TAMPA FL 33605 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RAYMOND, ROZZ<br>1707 E. 7RIERSON Street<br>TAMPA FLA 33610 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FIELD, GERALDINE<br>1012 E LAKE AVE<br>TAMPA FL 33605 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PAMELA MITCHELL<br>3608 E BROWN Street<br>TAMPA FLA 33610 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JOHNSON, LUCILLE<br>4211 LASALLE STREET<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Gertrude Moreland 3, 26.02. 813.241.0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #