

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90047 006 ****70.00

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1. Entity Name

FAITH TEMPLE, CHURCH OF GOD IN CHRIST NO. 1, INC

Principal Place of Business

Mailing Address

**1520 NW 79TH ST
 MIAMI FL 33147**

**PO BOX 470477
 MIAMI FL 33247-0477
 US**

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

65-0319107

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

**DYKES, FREDDIE LEE (ELDER)
 1520 N.W. 79
 MIAMI FL 33142**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, JACQUELYN 18830 NW 44TH CT MIAMI, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUDGE, CARRIE 7721 NW 10TH AVE MIAMI, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYKES, FREDDIE LEE 1781 NW 51ST TERR MIAMI, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, SAMMIE L. 1781 NW 51ST TERRACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, WILLIE 18830 NW 44 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Freddie L. Dykes
 FREDDIE L. DYKES

Freddie L. Dykes

1-21-00

(305)

696-4994

CR2E037 (9/99)