

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90206 001 ****70.03

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1. Entity Name

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



Principal Place of Business

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

Mailing Address

**PO BOX 470477
MIAMI FL 33247
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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, JACQUELYN	
STREET ADDRESS	18830 NW 44TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUDGE, CARRIE	
STREET ADDRESS	7721 NW 10TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DYKES, FREDDIE LEE	
STREET ADDRESS	1781 NW 51ST TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYKES, SAMMIE L	
STREET ADDRESS	1781 NW 51ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, WILLIE	
STREET ADDRESS	18830 NW 44 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaines, Jacquelyn	
STREET ADDRESS	18830 NW 44th Ct	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PASTOR (P/D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freddie Lee Dykes	
STREET ADDRESS	1781 NW 51 Terr	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Elder (Vice)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Gaines	
STREET ADDRESS	18830 NW 44 Ct	
CITY-ST-ZIP	MIAMI, FL 33055	
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:

Freddie Lee Dykes **Elder Freddie Lee** **April 3, 2003** **835-6866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)