

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90038 033 *****61.25

DOCUMENT # 749994

1. Entity Name

TEMPLE OF THE LIVING GOD, INC.



Principal Place of Business

**415 E. OLD HIGHWAY 50
P.O. BOX F
MINNEOLA FL 34755**

Mailing Address

**PO BOX 640
MINNEOLA FL 34755
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2851561**

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

**ROWLAND-YATES, LOYCE
411 E. OLD HIGHWAY 50
MINNEOLA FL 32755**

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete
NAME: **ROWLAND-YATES, LOYCE**
STREET ADDRESS: **411 E OLD HWY 50**
CITY-ST-ZIP: **MINNEOLA FL**

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

TITLE: **VD** ☐ Delete
NAME: **BAKER, BRENDA JUNE**
STREET ADDRESS: **15840 SR 50 #85**
CITY-ST-ZIP: **CLERMONT FL**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: **109 Sunnyside Dr.**
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **STD** ☐ Delete
NAME: **DOBSON, SHIRLEY**
STREET ADDRESS: **9012 J UNDERWOOD RD**
CITY-ST-ZIP: **CLERMONT FL**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
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: Shirley Dobson **SIGNATURE REQUIRED**

7-9-03 352-342-9747

CR2E037 (4/03)