

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753577

1. Entity Name

GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90031 025 ****70.00

Principal Place of Business

Mailing Address

3626 NORTH Q STREET
PENSACOLA FL 32505

3626 NORTH Q STREET
PENSACOLA FL 32505-4233

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

59-2502588

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

SMITH, WILLIE MAE
324 W HERMAN ST
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

2220 W. Herman Ave.

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 PTR ☐ Delete
NAME SMITH, WILLIE MAE
STREET ADDRESS 2220 W HERMAN AVE
CITY-ST-ZIP PENSACOLA FL

TITLE TR ☐ Change ☒ Addition
NAME REDMOND, Raymond Clyde
STREET ADDRESS 99 JUNIPER STREET
CITY-ST-ZIP WALNUT HILL, FLORIDA 32568

TITLE VD ☐ Delete
NAME REIDS, DAFNIE
STREET ADDRESS 7430 COBB LANE
CITY-ST-ZIP PENSACOLA FL

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

TITLE TD ☐ Delete
NAME RHODES, DELOIS
STREET ADDRESS 6207 CHICAGO AVE
CITY-ST-ZIP PENSACOLA FL

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

TITLE TR ☐ Delete
NAME SHOWERS, LEANDER
STREET ADDRESS 46 N CYPRESS ST
CITY-ST-ZIP WALNUT HILL FL

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

TITLE TR ☐ Delete
NAME WILEY, ELOUISE R
STREET ADDRESS 6840 FIELDS LANE
CITY-ST-ZIP PENSACOLA FL

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

TITLE SD ☐ Delete
NAME SIMMONS, BRENDA
STREET ADDRESS 1800 WEST GADSDEN ST.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE:

Willie Mae Smith
Elder Willie Mae Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-2000 (800) 438-1734

CR2E037 (9/99)