

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90136 044 \*\*\*\*61.25

**DOCUMENT # 761327**

1. Entity Name  
**GOD'S TEMPLE, INC.**



Principal Place of Business

**1414 CARLTON PKWY  
BARTOW FL 33830**

Mailing Address

**1414 CARLTON PKWY  
BARTOW FL 33830**

2. Principal Place of Business

**2180 BOARDMAN RD**

Suite, Apt. #, etc.

3. Mailing Address

**2180 BOARDMAN RD**

Suite, Apt. #, etc.

City & State

**BARTOW, FL**

City & State

**BARTOW, FL**

Zip

**33830**

Country

**USA**

Zip

**33830**

Country

**USA**

4. FEI Number **59-2894643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**ARLINE, REV. JOSEPH F.  
1414 CARLTON PKWY  
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name **ARLINE, REV. JOSEPH F.**

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

**2180 BOARDMAN RD**

City **BARTOW**

**FL**

Zip Code **33830**

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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ARLINE, RITA F.</b>	
STREET ADDRESS	<b>1416 CARLTON PKWY</b>	
CITY-ST-ZIP	<b>BARTOW, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARLINE, JOSEPH F., REV.</b>	
STREET ADDRESS	<b>1416 CARLTON PKWY</b>	
CITY-ST-ZIP	<b>BARTOW, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, FRANCES</b>	
STREET ADDRESS	<b>6047 CALENDAR COURT E</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 BOARDMAN RD</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 BOARDMAN RD</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **R. JOSEPH F. ARLINE** **JOSEPH F. ARLINE** **4-22-03** **863-221-1348**

CR2E037 (10/02)