

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90048 046 \*\*\*\*70.00

**DOCUMENT # 764509**

1. Entity Name  
**THE TEMPLE OF JESUS CHRIST, INC.**



Principal Place of Business  
**4512 PINWOOD AVENUE  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**1531 DREXEL RD.  
LOT 190  
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2405455**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, PASTOR MARVIN  
1531 DREXEL ROAD  
LOT 190  
WEST PALM BEACH FL 33417**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, MARVIN</b>	
STREET ADDRESS	<b>1531 DREXEL ROAD, LOT 190</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, FREDA</b>	
STREET ADDRESS	<b>1601 W 11TH ST</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, EDWARD B.</b>	
STREET ADDRESS	<b>1805 W. BLUE HERON BLVD, C202</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33404</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ANNETTE</b>	
STREET ADDRESS	<b>4829 NORTH BIMINI CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PRIDE, FLORENCE</b>	
STREET ADDRESS	<b>5317 PINWOOD AVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Pastor Marvin Smith*

*4/17/03 561-686-6315*

CR2E037 (10/02)