

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90362 006 ****61.25

0011281

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1. Entity Name

CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

3142 W EDGEWOOD AVE
 JACKSONVILLE FL 32209
 US

Mailing Address

PO BOX 9691
 JACKSONVILLE FL 32208
 US

816595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2669573

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALLOY, RACHEL H
6104 JAPONICA ROAD W
JACKSONVILLE FL 32209

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.

SIGNATURE

Rachel H. Malloy
 Signature, typed or printed name of registered agent, and date if applicable.

Rachel H. Malloy
 (NOTE: Registered Agent signature required when reinstating)

3/01/01
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 GLOVER, LYNDAH M
 89TH WASHINGTON AVENUE
 JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 Glover, Lyndah M.
 89th Washington Avenue
 Jacksonville, FL ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 RANDALL, BRENDA M
 6109 CARNATION ROAD
 JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 RANDALL, BRENDA M
 6109 CARNATION ROAD
 JACKSONVILLE FL ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 GOFF, CLIFFORD
 12632 HIDDEN CIR W
 JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 GOFF, CLIFFORD
 12632 HIDDEN CIR W
 JACKSONVILLE FL ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 GOFF, PHYLLIS
 12632 HIDDEN CIR W
 JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 GOFF, PHYLLIS
 12632 HIDDEN CIR W
 JACKSONVILLE FL ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 C
 THRADERAFT, GILDA M
 5345 MAYS DR
 JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 C
 Threadcraft, Gilda M.
 5345 Mays Dr.
 Jacksonville, FL ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilda M. Threadcraft
Gilda M. Threadcraft 3/01/01 (904) 221-7109
 Date Daytime Phone #

CR2E037 (10/00)