

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90067 042 \*\*\*\*\*61.25

**DOCUMENT # 766323**

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**

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

**59-2669573**

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

**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

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 **PD** ☐ Delete  
 NAME **GLOVER, LYNDAH M**  
 STREET ADDRESS **8947 WASHINGTON AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

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

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

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

TITLE **Secretary Director** ☐ Change ☐ Addition  
 NAME **Rachel H. Malloy**  
 STREET ADDRESS **6104 Japonica Rd W**  
 CITY-ST-ZIP **Jacksonville, FL 32209**

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

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

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

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

TITLE **ASD** ☐ Delete  
 NAME **Goff, Clifford**  
 STREET ADDRESS **12632 Hidden Cir W.**  
 CITY-ST-ZIP **Jacksonville, FL**

TITLE **Assistant Secretary Director** ☐ Change ☒ Addition  
 NAME **Clifford Goff**  
 STREET ADDRESS **12632 Hidden Circle W**  
 CITY-ST-ZIP **Jacksonville, FL**

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:

**Gilda M. Threadcraft** **2/25/02 904 765-4230**

CR2E037 (9/01)