

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90419 012 \*\*\*\*61.25

**DOCUMENT # 835689**

1. Entity Name

**FAITH TEMPLE COMMUNITY CHURCH**

Principal Place of Business

**2179 SANTA PAULA DR.  
DUNEDIN FL 34698  
US**

Mailing Address

**P. O. BOX 15455  
CLEARWATER FL 33766-5455  
US**

2. Principal Place of Business

**14101 ANDREW SCOTT RD.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SPRING HILL, FL.**

City & State

Zip

**34609**

Country

**HERNANDO**

4. FEI Number

**75-6053053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DE GRADO, JOSEPH REV.  
2179 SANTA PAULA DR.  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **DE GRADO, JOSEPH REV.**

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

**14101 ANDREW SCOTT RD.**

City

**SPRING HILL,**

**FL**

Zip Code

**34609**

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

TITLE **PD** ☐ Delete  
NAME **DE GRADO, JOSEPH REV.**  
STREET ADDRESS **2179 SANTA PAULA DR.**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE **VD** ☐ Delete  
NAME **WILSON, LEONARD**  
STREET ADDRESS **3771 141 PL. N.**  
CITY-ST-ZIP **LARGO FL**

TITLE **SD** ☐ Delete  
NAME **DE GRADO, EVELYN**  
STREET ADDRESS **2179 SANTA PAULA DR.**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
NAME **DE GRADO, JOSEPH REV.**  
STREET ADDRESS **14101 ANDREW SCOTT RD.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

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

TITLE **SD** ☐ Change ☐ Addition  
NAME **DE GRADO, EVELYN**  
STREET ADDRESS **14101 ANDREW SCOTT RD.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

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

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

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 like empowered.

**SIGNATURE:** **REV. JOSEPH DE GRADO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (10/00)