

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90071 021 \*\*\*\*61.25

**DOCUMENT # 835689**

1. Entity Name

**FAITH TEMPLE COMMUNITY CHURCH**

Principal Place of Business

**14101 ANDREW SCOTT ROAD  
 SPRING HILL FL 34609  
 US**

Mailing Address

**P. O. BOX 15456  
 CLEARWATER FL 33766-5455  
 US**

2. Principal Place of Business

3. Mailing Address

**14101 ANDREW SCOTT RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SPRING HILL**

City & State

City & State

**FL**

Zip

Country

Zip

Country

**34609**

**FLORIDA**

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

7. Name and Address of New Registered Agent

**DE GRADO, JOSEPH REV.  
 14101 ANDREW SCOTT ROAD  
 SPRING HILL FL 34609**

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 **DE GRADO, JOSEPH REV.**  
 STREET ADDRESS **14101 ANDREW SCOTT ROAD**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

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

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

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

TITLE **SD** ☐ Delete  
 NAME **DE GRADO, EVELYN**  
 STREET ADDRESS **14101 ANDREW SCOTT ROAD**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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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 #

**1/28/02**  
**352-684-4244**

CR2E037 (9/01)