

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90086 035 *****61.25

DOCUMENT # F98000001680

1. Entity Name

PENTECOSTAL GOSPEL TEMPLE (INC.)

Principal Place of Business

**111 WINDWARD ROAD
 KINGSTON 2
 JAMAICA, W.I.**

Mailing Address

**111 WINDWARD ROAD
 KINGSTON 2
 JAMAICA, W.I.**

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

NOT APPLICABLE

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

STEWART, CAROLYN A

**441 S. STATE RD. 7
 STE 17-18
 MARGATE FL 33068**

Name

Carolyn Stewart

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

441 South State Rd. 7 Ste 9

City

Margate

FL

Zip Code

33068

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 **PC** ☐ Delete
 NAME **STEWART, CARMEN L REV.**
 STREET ADDRESS **111 WINDWARD ROAD, KINGSTON 2**
 CITY-ST-ZIP **JAMAICA, WI**

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

TITLE **T** ☐ Delete
 NAME **KEANE, ENID**
 STREET ADDRESS **111 WINDWARD ROAD, KINGSTON 2**
 CITY-ST-ZIP **JAMAICA, WI**

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

TITLE **WCS** ☐ Delete
 NAME **THOMPSON, FREDERICK REV.**
 STREET ADDRESS **54 SLIPE ROAD, KINGSTON 5**
 CITY-ST-ZIP **JAMAICA, WI**

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

TITLE **D** ☐ Delete
 NAME **PHILLIPS, CHARLES**
 STREET ADDRESS **2 C TAVISTOCK TERRACE, KINGSTON 6**
 CITY-ST-ZIP **JAMAICA, WI**

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

TITLE **D** ☐ Delete
 NAME **STEWART, ROBERT**
 STREET ADDRESS **34 MONTCLAIR DRIVE, KINGSTON 6**
 CITY-ST-ZIP **JAMAICA, WI**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

STEWART, CARMEN L. STEWART

Jan 18 2002 876-928-4614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)