FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 15, 2002 8:00 am Secretary of State DOCUMENT # N0000002461 08-15-2002 90048 029 ***236.25 GREATER FAITH TEMPLE HOLINESS CHURCH INC. Principal Place of Business Mailing Address 11775 130TH AVE. NORTH 11775 130TH AVE. NORTH LARGO FL 33778 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4133227 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ** Name Street Address (P.O. Box Number is Not Acceptable) BLAIR, WILLIE O 5901 9TH ST. SOUTH ST. PETERSBURG FL 33705 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MT (4/02)☐ Delete TITLE ☐ Change Addition NAME FAIRROW, GREGORY H NAME STREET ADDRESS 1750 7TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33712 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME' LONG, WALLACE STREET ADDRESS 120 GLADES CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 ☐ Delete TITLE ☐ Change Addition NAME BLAIR, JIM NAME STREET ADDRESS 4130 53RD AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP 👟 CITY-ST-ZIP SAINT PETERSBURG FL-33711 TITLE **0/T** ☐ Delete TITLE ☐ Change ☐ Addition NAME BLAIR, WILLIE O NAME STREET ADDRESS 59019TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33705 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition

SIGNATURE REQUIRED **SIGNATURE:**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP