

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90118 048 \*\*\*\*70.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000004854**

1. Entity Name

**FLOWERS TEMPLE CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business

733 W. LYMAN AVE.  
WINTER PARK FL 32789

Mailing Address

733 W. LYMAN AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-340-6692

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINGO, JOHNNIE M  
78 ARGOS AVE.  
ORLANDO FL 32811

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**  
**After September 12, 2001, min. will be \$236.25**

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  Delete  
NAME P LINGO, JOHNNIE  
STREET ADDRESS 733 W. LYMAN AVE.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE  Change  Addition  
NAME T CLEM L BOYER  
STREET ADDRESS 180 ROSEWIND TRAIL  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME S EMMA WALTON  
STREET ADDRESS 420 W. CANTON AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME T MARY-D. RAITEY  
STREET ADDRESS 239 GREENS END ST.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME T MICHAEL JONES  
STREET ADDRESS 9257 NEW ORLEANS ST.  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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:

*[Handwritten Signature]*

7/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)