

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0011431

DOCUMENT # N00000004854

1. Entity Name

FLOWERS TEMPLE CHURCH OF GOD IN CHRIST, INC.

03-06-2002 90067 023 ****61.25

Principal Place of Business

Mailing Address

733 W. LYMAN AVE.
 WINTER PARK FL 32789

733 W. LYMAN AVE.
 WINTER PARK FL 32789

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3406692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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	P	<input type="checkbox"/> Delete
NAME	LINGO, JOHNNIE	
STREET ADDRESS	733 W. LYMAN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYER, CLEM L	
STREET ADDRESS	180 ROSEWIND TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALTON, EMMA	
STREET ADDRESS	420 W. CANTON AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAIRREY, MARY D	
STREET ADDRESS	239 GREENS END STREET	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL	
STREET ADDRESS	9257 NEW ORLEANS STREET	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)