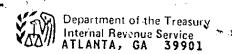
9/8/2002-90107-002-\$61.25-\$61.25 - * 9/8/2002-90107-001-\$8.75-\$8.75

2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N00842** THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC FAITH 02 OCT 28 AM 10: 06 . INC. Principal Place of Business BEGALIARY OF STATE Mailing Address TALLAHASSEE, FLORIDA 217 MORTH 11TH STREET P.O. BOX 576 PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Zio Country Zio Country \$8.75 Additional Fee Regulard 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -WRIGHT-WILLIE C -Street Address (P.O. Box Number is Not Acceptable) 304 EAST PALMETTO STREET PAÈATKA FL 32177 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 (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE WRIGHT, WILLIE C ☐ Change (D) Addition NAME Clayton, Jimmy NAME 304 EAST PALMETTO STREET STREET ADDRESS STREET ADORESS 123 Carter Road CITY-ST-712 PALATKA FL 32177 CITY-ST-ZIP Relatka, Florida TITLE Deleta TITLE WRIGHT, MARY ALICE ☐ Change **2**Addition NAME NAME Wright, Karen D STREET ADDRESS 304 EAST PALMETTO STREET STREET ADDRESS CITY-ST-ZP PALATKA FL 32177 715 blive St. CITY-ST-ZIP Palatra, Florida -ime-**Delete** TIFLE ☐ Change Addition WILLIE JACKSON NAME 15 01 ve st Calatka Florida 32178 MAME STREET ADDRESS 4105 PIER STATION STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL CITY-ST-ZIP DDE Delete Tift F warme wright, willie C GARNER, SALLY Change NAME Addition NAME 304 East Palmetto street STREET ADDRESS 1301 East Street STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 Palatka Fla 32177 CITY-ST-ZIP TITLE Delete TITLE T/Wright, Karen D ☐ Change NAME M Addition NAME STREET ADORESS 715 olive street STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Defete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if atka SIGNATURE: 9-4-2002 386-325-5749

195



DATE OF THIS NOTICE: 07-06-88 EMPLOYER IDENTIFICATION NUMBER

07082987

0

59-28.93986.

1800 - 8291040

For assistance you may call us at:

354-1760 LOCAL JACKSONVIL 1-800-424-1040 OTHER FL

NEW AGE TRUE TEMPLE CHURCH OF GOD 208 N 6TH ST PO BOX 2035 PALATKA FL 32078

150-8729909

or you may write to us at the address snown to the left. If you write, be sure to attach the bottom part of this notice.

Notice of New Employer Identification Number Assigned

Thank-you for your Form SS-4, Application for Employer Identification Number (EIN). The number assigned to you is shown above. This number will be used to identify your business account and related tax returns and documents, even if you do not have employees.

Please keep a copy of this number in your permanent records. Use this number and your name, exactly as shown above, on all Federal tax forms that require this information, and refer to the number on all tax payments and tax-related correspondence or documents. Incomplete information or any variation used when filing tax returns, making FTD payments or subsequent payments may result in improper or delayed posting of payments to your account and/or the assignment of more than one EIN.

If your business is a partnership which must obtain prior approval for its tax year, the tax year you entered in Block 3 of your Form SS-4 does not establish a tax year. For guidance in determining if you must request prior approval and the method of doing so, see IRS Publication 538, Accounting Periods and Methods, available at most IRS offices.

Please note that the assignment of this number does not grant tax-exempt status to nonprofit organizations. Any organization (other than a private foundation) having annual gross receipts normally of not more than \$5,000 is exempt by statute if it meets the requirements of section 501(c)(3) of the Internal Revenue Code. These organizations are not required to file Form 1023 (Application for Recognition of Exemption) or file Form 990 (Return of Organization Exempt from Income Tax). However, if the organization wants to establish its exemption with the Internal Revenue Service and receive a ruling or determination letter recognizing its exempt status, it should file Form 1023 with the Key District Director. For details on how to apply for this exemption, see IRS Publication 557, Tax-Exempt Status for Your Organization, available at most IRS offices:

Thank you for your cooperation.