

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90239 013 ****61.25

DOCUMENT # N01000003561

1. Entity Name

NEW REVELATION FULL GOSPEL TEMPLE, INC.

Principal Place of Business

Mailing Address

**536 SW MARTIN LUTHER KING, JR. AVE.
 OCALA FL 34474**

**536 SW MARTIN LUTHER KING, JR. AVE.
 OCALA FL 34474**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13490 E. Highway 25

3. Mailing Address

P.O. Box 1864

Suite, Apt. #, etc.

OCALA, FL

Suite, Apt. #, etc.

OCALA, FL

City & State

32183

Marion

City & State

32183

Marion

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**WHITE, LEON SR.
 536 SW MARTIN LUTHER KING, JR. AVE.
 OCALA FL 34474**

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 **Leon White / Pastor - Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 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 | Leon White Sr | <input type="checkbox"/> Delete |
| NAME | 536 SW Martin Luther King Jr. Av. | |
| STREET ADDRESS | OCALA, FL 34474 | |
| CITY-ST-ZIP | Pastor / President | |
| TITLE | Carolyn E. White | <input type="checkbox"/> Delete |
| NAME | 536 SW Martin Luther King Jr. Av. | |
| STREET ADDRESS | OCALA, FL 34474 | |
| CITY-ST-ZIP | Vice Pres / Secretary | |
| TITLE | Ira Belle Bostick | <input type="checkbox"/> Delete |
| NAME | 714 S.W. 2nd St | |
| STREET ADDRESS | OCALA, FL 34474 | |
| CITY-ST-ZIP | Trustee | |
| TITLE | Sharplyn Bright | <input type="checkbox"/> Delete |
| NAME | 1421 SW 27th Av #2103 | |
| STREET ADDRESS | OCALA, FL 34474 | |
| CITY-ST-ZIP | Trustee | |
| TITLE | Tierra White | <input type="checkbox"/> Delete |
| NAME | 1421 SW 27th Av #2807 | |
| STREET ADDRESS | OCALA, FL 34474 | |
| CITY-ST-ZIP | Trustee | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Leon White / Pastor / President**

4/26/02 352-629-3048
 Date Daytime Phone #

CR2E037 (9/01)