

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000004219**

1. Entity Name

TEMPLE OF GOD BAPTIST CHURCH INC.

**FILED****Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90097 033 \*\*\*\*61.25

Principal Place of Business

200 3RD ST.  
PERRY FL 32348

Mailing Address

200 3RD ST.  
PERRY FL 32348

2. Principal Place of Business

105 Sandra Street

3. Mailing Address

P. O. Box 1176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Perry, Florida

City &amp; State

Perry, Florida

4. FEI Number

59-3734936

Applied For

Not Applicable

Zip

32348

Country

Taylor

Zip

32348

Country

Taylor

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODFAULK, VERNA M  
200 3RD ST.  
PERRY FL 32348

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WILLIAMS, GEORGE  
600 W. UNION  
PERRY FL 32348 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GREENE, JOANN  
107 N. BEVERLY  
PERRY FL 32348 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WOODFAULK, VIOLA J  
130 GLENN ST.  
PERRY FL 32348 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALEXANDER, JESSIE  
102 W. KENNEDY ST.  
PERRY FL 32348 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIMMONS, EARLENE  
106 1/2 BEVERLY ST.  
PERRY FL 32348 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Joanne Greene *Joanne Greene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

Daytime Phone #

CR2E037 (9/01)