

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004998

1. Entity Name

MIRACLE TEMPLE OUTREACH INC.

Principal Place of Business

5151 MARION PLACE  
WEST PALM BEACH FL 33407

Mailing Address

5151 MARION PLACE  
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

15-1118823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, JAMES  
5151 MARION PLACE  
WEST PALM BEACH FL 33407

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 ☐ Delete  
NAME HUMPHREY, JAMES  
STREET ADDRESS 5151 MARION PLACE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete  
NAME WEATHERSPOON, DAVID L  
STREET ADDRESS 1070 THE POINTE DR, BLDG #3  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Delete  
NAME STD WEATHERSPOON, DAVIDA  
STREET ADDRESS 1070 THE POINTE DR, BLDG #3  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME Secretary ID  
STREET ADDRESS Elisabeth Sherral James  
CITY-ST-ZIP 1098 The Pointe Drive  
West Palm Beach, FL. 33409

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

TITLE ☐ Change ☐ Addition  
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)(c), 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 (561) 488-2185

FILED

02 MAR -4 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/16/02 90055 044 \$61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

BB