

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000006203**

1. Entity Name

**TEMPLE OF GOD BAPTIST CHURCH CHILD DEVELOPMENT C
ENTER, INC.**

Principal Place of Business

**200 3RD ST
PERRY FL 32348**

Mailing Address

**PO BOX 1176
PERRY FL 32348**

2. Principal Place of Business

105 Sandra Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Perry, Florida

City & State

Zip

32348

Country

Taylor

Zip

Country

Taylor

4. FEI Number

59-3734936

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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 \$61.259. 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
D WILLIAMS, GEORGE ☐ Delete
**600 W UNION
PERRY FL 32348**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GREENE, JOANNE ☐ Delete
**107 N BEVERLY
PERRY FL 32348**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D WOODFAULK, VIOLA J ☐ Delete
**130 GLENN ST
PERRY FL 32348**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ALEXANDER, JESSIE ☐ Delete
**102 W KENNEDY ST
PERRY FL 32348**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SIMMONS, EARLENE ☐ Delete
**106 1/2 BEVERLY ST
PERRY FL 32348**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D FLOWERS, ARTHUR ☐ Delete
**108 S BLAIR AVE
PERRY FL 32348****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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/6/02**

Date

Daytime Phone #

CR2E037 (9/01)