

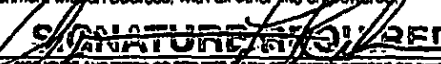
FILED
Jun 27, 2003 8:00 am
Secretary of State

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05-05-2003 90385 001 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000003529			
1. Entity Name CHURCH OF GOD IN CHRIST, CHRIST TEMPLE, INC.			
Principal Place of Business 2309 Peachland Blvd Sarasota FL 34234		Mailing Address 2309 Peachland Blvd Sarasota FL 34234	
2. Principal Place of Business 23009 Peachland Blvd Suite, Apt. #, etc.		3. Mailing Address 23009 Peachland Blvd Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33954		Zip 33954	
Country		Country	
4. FEI Number 74-3047765		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBINSON, JIMMIE L 2736 20TH STREET SARASOTA FL 34234		7. Name and Address of New Registered Agent 23009 Peachland Blvd Port Charlotte, FL 33954	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/30/03	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME ROBINSON, JIMMIE L	TITLE PD	NAME 23009 Peachland Blvd Port Charlotte, FL 33954
STREET ADDRESS 2736 20TH STREET	CITY-STATE-ZIP SARASOTA FL 34234	STREET ADDRESS 23009 Peachland Blvd	CITY-STATE-ZIP Port Charlotte, FL 33954
TITLE STD	NAME ROBINSON, JOANNE W	TITLE STD	NAME 23009 Peachland Blvd
STREET ADDRESS 2736 20TH STREET	CITY-STATE-ZIP SARASOTA FL 34234	STREET ADDRESS 23009 Peachland Blvd	CITY-STATE-ZIP Port Charlotte, FL 33954
TITLE D	NAME CANNON, WILLIE J	TITLE D	NAME EDWIN ROBINSON
STREET ADDRESS 1158 COCONUT AVENUE	CITY-STATE-ZIP SARASOTA FL 34234	STREET ADDRESS 23009 Peachland Blvd	CITY-STATE-ZIP Port Charlotte, FL 33954
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-STATE-ZIP 	STREET ADDRESS 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-STATE-ZIP 	STREET ADDRESS 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-STATE-ZIP 	STREET ADDRESS 	CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for any 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: 		DATE: 4/30/03	

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CHECK HERE IF MAKING CHANGES

CPRE037 (10/02)