

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90047 031 \*\*\*\*61.25

**DOCUMENT # N07618**

1. Entity Name

**GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC**

Principal Place of Business

Mailing Address

% JIMMIE L ROBINSON  
 P O BOX 281  
 LAUREL FL 34272  
 US

% JIMMIE L ROBINSON  
 P O BOX 281  
 LAUREL FL 34272-0281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**74-8106975**

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

7. Name and Address of New Registered Agent

**ROBINSON, JIMMIE L.**  
**377 PATTON STREET**  
**LAUREL FL 38545 34275**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, JIMMIE L.	
STREET ADDRESS	759 4000 STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCARTHUR, KATTIE	
STREET ADDRESS	COLLINS ROAD	
CITY-ST-ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, ALBERTA	
STREET ADDRESS	373 PATTON	
CITY-ST-ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAE, LEON	
STREET ADDRESS	2036 29TH ST/	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCRAE, CLEMISTINE	
STREET ADDRESS	2036 29TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, FRANKIE LEE	
STREET ADDRESS	1812 FERN AVENUE	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director D. HARVEY</i>	
STREET ADDRESS	<i>2056 6th STREET</i>	
CITY-ST-ZIP	<i>Sarasota, FL. 34237</i>	
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		
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		
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/15/2000*  
 Date Daytime Phone #

CR2E037 (9/99)