

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90164 005 ****61.25

DOCUMENT # N07618

1. Entity Name
GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC



Principal Place of Business

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

Mailing Address

**% JIMMIE L ROBINSON
P O BOX 281
LAUREL FL 34275**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, JIMMIE L.
377 PATTON STREET
LAUREL FL 33545**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *5/6/03*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 type="checkbox"/> Delete
NAME	HARVEY, TREVOR D	
STREET ADDRESS	2056 6TH STREET	
CITY-ST-ZIP	SARASOTA FL 34237	
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	5636 GRANADA DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCRAE, CLEMISTINE	
STREET ADDRESS	5636 GRANADA DR, APT 237	
CITY-ST-ZIP	SARASOTA FL 34-231	
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 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
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STREET ADDRESS	
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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]* Church Administration 5/6/03

CR2E037 (10/02)