

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09575

1. Entity Name

TEMPLE OF GOD AND CHRIST, INC.

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90199 050 ****69.50

Principal Place of Business

2998 NW 54 ST.
MIAMI FL 33142

Mailing Address

C/O INEZ INGRAHAM
2260 N.W. 204 ST.
MIAMI FL 33056
US

00060401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2668679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

STOLAR, ALLEN D.

290 N.W. 165 ST., M-#400
MIAMI FL 33169

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
After September 12, 2001, min. will be \$236.25

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 D
STREET ADDRESS INAGRAHAM, INEZ
CITY-ST-ZIP 2260 NW 204 STREET
CAROL CITY FL 33056

TITLE ☐ Delete
NAME D
STREET ADDRESS MCPHERSON, BETTY
CITY-ST-ZIP 2932 N.W. 58 STREET
MIAMI FL

TITLE ☐ Delete
NAME D
STREET ADDRESS JEFFERSON, GRACE
CITY-ST-ZIP 8400 NW 25 AVE APT. 28
MIAMI FL 33142

TITLE ☐ Delete
NAME ST
STREET ADDRESS BESTMAN, LINDA
CITY-ST-ZIP 1621 NW 175 TERR.
MIAMI FL 33169

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS 675 Ives Dairy Road #216 Bldg #1
CITY-ST-ZIP Miami, Fla. 33169

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)(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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bestman

Date

Daytime Phone #

7-28-01 305-1644-3865

CR2E037 (5/01)