

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14594

1. Entity Name

EVANGELIST TEMPLE CHURCH OF GOD IN CHRIST INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 024 ****70.00

Principal Place of Business

Mailing Address

6920 NORTH PEARL ST
JACKSONVILLE FL 32209

6920 NORTH PEARL ST
JACKSONVILLE FL 32208-4519

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

59-2672862

Applied For

Not Applicable

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

REED, CHARLES W.
4510 TRENTON DRIVE NORTH
JACKSONVILLE FL 32209

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	T	<input type="checkbox"/> Delete
NAME	JONES, DOROTHY	
STREET ADDRESS	5435 MINOSA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, SHIRLEY	
STREET ADDRESS	5033 GRANN LLOYD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERSON, CENTRAL	
STREET ADDRESS	2654 WILKINS CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PECK, MARCUS	
STREET ADDRESS	7840 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	REED, CHARLES W	
STREET ADDRESS	4510 TRENTON DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
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	
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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:

Charles W. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000

Date

904-768695

Daytime Phone #

CR2E037 (9/99)