

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14759

1. Entity Name

GRACE APOSTOLIC TEMPLE, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90083 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1712 SOUTH WEST ROAD  
 SANFORD FL 32771

P.O. BOX 2058  
 SANFORD FL 32772-2058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2737322

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

BENNETT, MAURICE D.  
 114 MCKAY BLVD  
 SANFORD FL 32771

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 ☐ Delete  
 NAME P  
 STREET ADDRESS BENNETT, MAURICE D.  
 CITY-ST-ZIP 114 MCKAY BLVD.  
 SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS BENNETT, CYNTHIA, E  
 CITY-ST-ZIP 114 MCKAY BLVD  
 SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS MCMILLER, CLARENCE  
 CITY-ST-ZIP 3000 FIFER DRIVE  
 DELTONA FL 32738

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BENNETT, WILLIE J.  
 CITY-ST-ZIP 112 SCOTT DRIVE  
 SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TYER, THELMA  
 CITY-ST-ZIP 142 SCOTT DRIVE  
 SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MCQUEEN, WILLIE C  
 CITY-ST-ZIP 113 DREW AVE  
 SANFORD FL 32771

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 an address, with all other like empowered.

SIGNATURE:

*Maurice D. Bennett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maurice D. Bennett Sr.*  
 DATE 5/3/00  
 DAYTIME PHONE # 407-321-2101

CR2E037 (9/99)