

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14759

1. Entity Name

GRACE APOSTOLIC TEMPLE, INC.

Principal Place of Business

1712 SOUTH WEST ROAD  
SANFORD-FL 32771

Mailing Address

P.O. BOX 2058  
SANFORD FL 32771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2737322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Name and Address of Current Registered Agent

BENNETT, MAURICE D.  
114 MCKAY BLVD  
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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  
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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

Date

Daytime Phone #

FILED  
Feb 14, 2002 8:00 am  
Secretary of State

02-14-2002 90026 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)