

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18404

1. Entity Name

MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90026 012 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 477
GRETNA FL 32332

POST OFFICE BOX 477
GRETNA FL 32332

80018039



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

59-3289445

Applied For

Not Applied

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

WALKER, SHIRLEY A
ROUTE 5, BOX 329-A
QUINCY FL 32351

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

T
NAME ROBINSON, MARIA
STREET ADDRESS PO BOX 567 N/A
CITY-ST-ZIP GRETNA FL ☐ Delete

D LEVERSON, WILLIE R. ☐ Change ☒ Addition
NAME
STREET ADDRESS 94 A AND L DRIVE
CITY-ST-ZIP QUINCY, FLORIDA 32351

D
NAME GARDNER, T. LATRICE
STREET ADDRESS P.O. BOX 645
CITY-ST-ZIP CHATTAHOOCHEE FL ☐ Delete

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

D
NAME SHAW, TERRY
STREET ADDRESS RT. 1 BOX 888 EASTLAKE RD.
CITY-ST-ZIP QUINCY FL ☐ Delete

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

S
NAME WALKER, SHIRLEY
STREET ADDRESS RT. 5, BOX 329-A
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

D
NAME O'NEAL, SEAN
STREET ADDRESS HIGHWAY 90 WEST., P. O. BOX 91
CITY-ST-ZIP MT. PLEASANT FL 32352 ☐ Delete

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

P
NAME LEE, JOHN L
STREET ADDRESS P. O. BOX 477 N/A
CITY-ST-ZIP GRETNA FL 32332 ☐ Delete

☐ 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:

Donna Robinson DONNA ROBINSON 2/6/2000 (921-2479)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #