

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0084759

05-25-2001 90287 002 *****61.25

DOCUMENT # N18404

1. Entity Name

MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 477
 GRETN FL 32332

POST OFFICE BOX 477
 GRETN FL 32332

553950



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 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

**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.

(NOT 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	D	<input checked="" type="checkbox"/> Delete
NAME	LEVERSON, WILLIE R MS.	
STREET ADDRESS	94 A AND L DR	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, T. LATRICE	
STREET ADDRESS	P.O. BOX 645	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, TERRY	
STREET ADDRESS	RT. 1 BOX 88B EASTLAKE RD.	
CITY-ST-ZIP	QUINCY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALKER, SHIRLEY	
STREET ADDRESS	RT. 5, BOX 329-A	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, SEAN	
STREET ADDRESS	HIGHWAY 90 WEST., P. O. BOX 91	
CITY-ST-ZIP	MT. PLEASANT FL 32352	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, JOHN L	
STREET ADDRESS	P. O. BOX 477 N/A	
CITY-ST-ZIP	GRETN FL 32332	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA M. ROBINSON	
STREET ADDRESS	49 EAST AVENUE	
CITY-ST-ZIP	GRETN FL 32332	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVERLYN RAINES	
STREET ADDRESS	P.O. BOX 645	
CITY-ST-ZIP	CHATTAHOOCHEE, FL. 32324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRICE DICKS	
STREET ADDRESS	49 EAST AVENUE	
CITY-ST-ZIP	GRETN, FLA. 32332	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARED L. LEE	
STREET ADDRESS	P.O. BOX 477	
CITY-ST-ZIP	GRETN, FL. 32332	
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		
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 M. Robinson

5/21/01 850-856-9211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)