

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18404

1. Entity Name

MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

POST OFFICE BOX 477  
GRETNA FL 32332

Mailing Address

POST OFFICE BOX 477  
GRETNA FL 32332

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

59-3289445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name WALKER, SHIRLEY A.

Street Address (P.O. Box Number is Not Acceptable)

135 SMITH CIRCLE

City GRETNA

FL

Zip Code 32332

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 Shirley A. Walker

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-2002

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 D  
NAME ROBINSON, DONNA M  
STREET ADDRESS 49 EAST AVENUE  
CITY-ST-ZIP GRETNA FL 32332 ☐ Delete

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

TITLE D  
NAME SHAW, TERRY  
STREET ADDRESS RT. 1 BOX 88B EASTLAKE RD.  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME JESSIE R. LEE  
STREET ADDRESS 94 A E L DRIVE  
CITY-ST-ZIP QUINCY, FLORIDA 32351

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

TITLE D ☒ Change ☐ Addition  
NAME SHAW, TERRY  
STREET ADDRESS 406 BROAD AVENUE  
CITY-ST-ZIP GRETNA, FLORIDA 32332

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

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

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:

Donna M. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

(850) 856-5599

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE