

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2001 08:00 AM****Secretary of State****DOCUMENT # N21555****1. Entity Name****HOLY TEMPLE #4 CHURCH OF CHRIST UPON THE ROCK OF THE AP
OSTOLIC FAITH, INC.****Principal Place of Business**

3034 N.W. 57TH ST.

MIAMI
33311

FL

US

Mailing Address

1800 N.W. 9TH AVE.

FT. LAUDERDALE
33311

FL

US

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**65-0002997**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****JOHNSON, ERNEST ELDER**
4470 NW 65 AVEFT LAUDERDALE
33319

FL

7. Name and Address of New Registered Agent

Name

JOHNSON ERNEST BISHOPStreet Address (P.O. Box Number is Not Acceptable)
2898 NW 9TH AVENUE

City

FT LAUDERDALE

FLZip Code
33311**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 BISHOP ERNEST JOHNSON****05/15/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGLETON, ANNIE		NAME	SINGLETON, ANNIE		
STREET ADDRESS	3034 NW 57TH STREET		STREET ADDRESS	3034 NW 57TH STREET		
CITY-ST-ZIP	MIAMI FL 33309		CITY-ST-ZIP	MIAMI FL 33309		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNTER ELDER JOSEPH B		NAME	HUNTER JOSEPH BELDER		
STREET ADDRESS	480 NW 39 AVENUE		STREET ADDRESS	480 NW 39 AVENUE		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	FORT LAUDERDALE FL 33311		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ERNEST ELDER		NAME	JOHNSON ERNEST BISHOP		
STREET ADDRESS	4470 NW 65 AVE		STREET ADDRESS	2898 NW 9TH STREET		
CITY-ST-ZIP	FT LAUDERDALE FL 33319		CITY-ST-ZIP	FT LAUDERDALE FL 33311		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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: BISHOP ERNEST JOHNSON**

PD

05/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)