

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90086 001 \*\*\*\*66.25  
 02-06-2001 90086 002 \*\*\*\*8.75

24980



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N21712**  
 1. Entity Name  
**WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.**

Principal Place of Business <b>4132 NW 181ST LANE MIAMI FL 33055</b>	Mailing Address <b>4132 NW 181ST LANE MIAMI FL 33055</b>
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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 **59-2826095**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, ROY**  
**4132 NW 181ST LANE**  
**MIAMI FL 33055**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	PD <b>JOHNSON, ROY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12501 NW 21ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE NAME	VD <b>JOHNSON, HYACINTH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12501 NW 21ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE NAME	SD <b>WILLIAMS, NADINE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>320 NW 149TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE NAME	TD <b>SALMON, SUSAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>359 MERIDIAN AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ROY C. JOHNSON PRESIDENT** *01-14-2001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)