

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

03-10-2002 90866 002 \*\*\*\*66.00  
 03-10-2002 90866 001 \*\*\*\*\*8.75

**DOCUMENT # N21712**

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

Principal Place of Business                      Mailing Address  
**4132 NW 181ST LANE**                      **4132 NW 181ST LANE**  
**MIAMI FL 33055**                              **MIAMI FL 33055**

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                      Applied For  
**59-2826095**    Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JOHNSON, ROY**  
**4132 NW 181ST LANE**  
**MIAMI FL 33055**

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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>IVY, BECK</b> <b>2240 NW 193RD TERR</b> <b>MIAMI FL 33056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>FRANKLIN B MASSOP</b> <b>1835 NE 154th ST</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 file 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 changes.

SIGNATURE: **BISHOP ROY JOHNSON**

02-20-2002 305-620-4434

CR2E037 (9/01)