

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24446

1. Entity Name

GREATER FAITH TEMPLE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 024 ****70.00

Principal Place of Business

922 E. MCDONALD AVE
EUSTIS FL 32726
US

Mailing Address

922 E. MCDONALD AVE
EUSTIS FL 32726-3702
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

59-2903012

Applied For

Not Applicable

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

MANNING, JOHNNIE M.
922 EAST MCDONALD AVENUE
EUSTIS FL 32726

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

Johnnie M. Manning

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	D	<input type="checkbox"/> Delete
NAME	MANNING, JOHNNIE M.	
STREET ADDRESS	922 EAST MACDONALD AVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAN, CLARA	
STREET ADDRESS	616 REDDICK ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, KAMIA	
STREET ADDRESS	209 BRYAN ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURLOW, ROSE	
STREET ADDRESS	308 N. Prescott	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGIN Belinda	
STREET ADDRESS	1304 WALL ST	
CITY-ST-ZIP	Eustis, FL. 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)