

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24446

1. Entity Name

GREATER FAITH TEMPLE, INC.

Principal Place of Business

922 E. McDONALD AVE
EUSTIS FL 32726
US

Mailing Address

922 E. McDONALD AVE
EUSTIS FL 32726
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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

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 ☐ Delete
NAME D
STREET ADDRESS MANNING, JOHNNIE M.
CITY-ST-ZIP 922 EAST MACDONALD AVE
EUSTIS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS FURLOW, ROSE
CITY-ST-ZIP 308 N. PRESCOTT
EUSTIS FL 32736

TITLE ☐ Delete
NAME D
STREET ADDRESS BELINDA, RAGIN
CITY-ST-ZIP 1304 WALL ST
EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Johnnie M. Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90102 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)