

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 04, 2001 8:00 am
Secretary of State

03-21-2001 90078 047 ****61.25

04606

DOCUMENT # *N 28182*

1. Entity Name
Temple of Jesus and Holy Ghost

Principal Place of Business Mailing Address
1164 East 21st

2. Principal Place of Business 3. Mailing Address
383 East 45th St

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Jacksonville Florida

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country
32208 Duval

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

6. Name and Address of Current Registered Agent
Rufus Harris
383 East 45 St
Jacksonville, FL
32208

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 *Rufus Harris* *Rufus Harris* DATE *3-17-2001*

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES \$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	<i>President</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rufus Harris</i>		NAME		
STREET ADDRESS	<i>383 East 45 St</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Jacksonville, FL 32208</i>		CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sarah Jane Harris T</i>		NAME		
STREET ADDRESS	<i>383 E. 45 St</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Jacksonville, FL 32208</i>		CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mary Gardner T</i>		NAME		
STREET ADDRESS	<i>1123 East 22nd St</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Jacksonville, FL 32206</i>		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)(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: *Rufus Harris* *Rufus Harris* DATE *3-17-2001* *904-353-7570*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/00)