

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90058 012 \*\*\*\*61.25

DOCUMENT # N37127

1. Entity Name

CHRISTIAN TEMPLE CHURCH, INC.

Principal Place of Business

Mailing Address

450 W 34TH ST  
 RIVIERA BEACH FL 33404  
 US

450 W 34TH ST  
 RIVIERA BEACH FL 33404  
 US

2. Principal Place of Business

3. Mailing Address

450 W. 34 ST  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

4. FEI Number

65-0185424

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

Country

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

DIXON, GENE  
 450 W 34TH ST  
 RIVIERA BEACH FL 33404

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.

(NC 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	DIXON, GENE	
STREET ADDRESS	450 W 34TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, RONALD	
STREET ADDRESS	450 W. 34TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIR, ETHEL	
STREET ADDRESS	3216 J AVE.	
CITY-ST-ZIP	RIVIERA BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, DONYALE	
STREET ADDRESS	135 W 34 ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

*Gene Dixon* GENE DIXON

2/26/01

561-844-7816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)