**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 08, 2002 8:00 am § Secretary of State **DOCUMENT # N37127** 04-08-2002 90223 012 \*\*\*\*61.25 CHRISTIAN TEMPLE CHURCH, INC. Principal Place of Business - \_\_\_\_\_ Mailing Address 450 W 34TH ST 450 W 34TH ST 80060289 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number 65-0185424 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIXON, GENE 450 W 34TH ST RIVIERA BEACH FL 33404 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TLE TITLE ☐ Change Addition ☐ Defete DIXON, GENE NAME NAME CR2E037 STREET ADDRESS 450 W 34TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL Stephanie Sears 640 38th. Street **X** Change TITLE ☐ Delete TITLE NAME dixon, Bonald NAME STREET ADDRESS 450 W.34TH ST. STREET ADDRESS West Palm Beach, FL CITY-ST-ZIP CITY-ST-7IP RIVIÉRA BEACH FL ☐ Delete ☐ Addition TITLE TITLE FAIR, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS 3216 J AVE. CITY-ST-ZIP CITY-ST-ZIP= T RIVERA BCH. FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE DAWSON, DONYALE NAME NAME STREET ADDRESS 135 W 34 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: