

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43240

1. Entity Name

TRUE TEMPLE CHURCH OF THE LIVING GOD, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90025 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2944 REGISTER ROAD  
FRUITLAND PARK FL 34731

2944 REGISTER ROAD  
FRUITLAND PARK FL 34731-5516

2. Principal Place of Business

3. Mailing Address

True Temple Church of the Living God, Inc.

Suite, Apt. #, etc.

10456 CR-100

Suite, Apt. #, etc.

City & State  
Oxford, FL

City & State

Zip  
34484

Country  
Sumter

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3009031

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

HUDSON, MARY J.  
2944 REGISTER ROAD  
FRUITLAND PARK FL 34731

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DAVIS, MARY  
35543 MICRO RACETRACK RD.  
FRUITLAND PARK FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATTERSON, COTTIE  
36127 WATER OAK DRIVE  
FRUITLAND PARK FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HUDSON, HENRIETTA  
2030 BRADFORD AVENUE  
LEESBURG FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: *Henrietta Hudson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (352)365-6036

Date

Daytime Phone #

CR2E037 (9/99)