

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90085 006 ****61.25

DOCUMENT # N93000002285

1. Entity Name

INDIANTOWN FAITH TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

**14589 S.W. MARTIN LUTHER KING JR. DRIVE
CHURCH BLDG
INDIANTOWN FL 34956**

**C/O DANIEL T. WEAVER
8584 S.E. DATE STREET
HOBE SOUND FL 33455
US**

2. Principal Place of Business

King Jr. Drive

3. Mailing Address

% Daniel T. Weaver

Suite, Apt. #, etc.

Church Bldg.

Suite, Apt. #, etc.

8584 SE. DATE STREET

City & State

Indiantown, Florida

City & State

Hobe Sound, Florida

Zip

Country

U.S.A.

Zip

33455

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

**WEAVER, DANIEL T
8584 SOUTHEAST DATE STREET
HOBE SOUND FL 33455**

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

Daniel T. Weaver PD. Daniel T. Weaver

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 **PD** ☐ Delete
NAME **WEAVER, DANIEL T**
STREET ADDRESS **C/O 8584 SOUTHEAST DATE STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **VD** ☐ Delete
NAME **WEAVER, RAYMOND R**
STREET ADDRESS **C/O 8584 SOUTHEAST DATE STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **SD** ☐ Delete
NAME **WEAVER, DANNETTE**
STREET ADDRESS **C/O 8584 SOUTHEAST DATE STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **TD** ☐ Delete
NAME **WASHINGTON, JIMMIE**
STREET ADDRESS **C/O 8584 SOUTHEAST DATE STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: **DANIEL T. WEAVER** **Daniel T. Weaver**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 545-2955

CR2E037 (9/01)