

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003073

1. Entity Name

SPEIGHTS TEMPLE CHURCH OF GOD IN CHRIST, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90175 017 ****61.25

Principal Place of Business

251 N.E. 34TH CT.
OAKLAND PARK FL 33334
US

Mailing Address

10460 S.W. 160TH ST.
MIAMI FL 33157-3005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0305940

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

WASHINGTON, KENNETH ELDER
10460 S.W. 160TH ST.
MIAMI FL 33157

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 ☐ Delete
NAME D
STREET ADDRESS WASHINGTON, KENNETH
CITY-ST-ZIP 10460 S.W. 160TH ST.
MIAMI FL 33157

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NESBITT, DEMETRUS
CITY-ST-ZIP 1302 NW 5TH ST
FT. LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME SID
STREET ADDRESS Cynthia Baker
CITY-ST-ZIP 4820 N.W. 12th Street
Lauderhill FL 33313

TITLE ☐ Delete
NAME D
STREET ADDRESS FREEMAN, EUNICE
CITY-ST-ZIP %10460 S.W. 160TH ST.
MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SID
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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: *Kenneth Elder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00 President
Date Daytime Phone #

CR2E037 (9/99)