2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400001344 1. Entity Name GREATER TEMPLE CHURCH MINISTRIES, INC.					FILED May 11, 2000 8:00 am Secretary of State 05-11-2000 90334 001 *****8.75			
700 BEAL PARKWAY FORT WALTON BEACH FL 32547		6949 ELLIOT'S GIN LANE NAVARRE FL 32566-8588						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FE) Number Applied For Not Applicable				
Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent			7. Name and A	ddress of New Registe		
				Name				
WATERS, GERALD L SR 6949 ELLIOT'S GIN LANE			Stre	Street Address (P.O. Box Number is Not Acceptable)				
	FL 32566-8588							
			City	City FL Zip Code				
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: F		d L. Wa	ters, Sr.		Bail 70	00
FILE NOW: FEE IS \$61.25				Make Check Payable to d to Fees Department of State				
10.	OFFICERS AND DIRI		11,		ADDITIONS/CHAN	GES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATERS, ANDREA R 6949 ELLOIT'S GIN LANE NAVARRE FL 32566-8588	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	☐ Addition
TOTLE	D WATERS, ZAKIA D 6949 ELLOIT'S GIN LANE NAVARRE FL 32566-8588	☐ Delete	TITLE NAME STREET ADDR. CITY-ST-ZIP	ESS			Change	Addition Addition
ST-ZIP	D NOLAND, DUTCHESS DELEWARE STREET FORT WALTON BEACH FL 32548	☐ Delete	TITLE NAME STREET ADDAI CITY-ST-ZIP	ESS			☐ Change	Addition
- - _ redstead Strzip	P WATERS, GERALD L SR 6949 ELLOIT'S GIN LANE GULF BREEZE FL 32566-8588	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	,	s, Gerald Elloit's rre, Flor	L. Sr. ida 32566-85	⊊ Change	☐ Addition
	D WATERS, GERALD L JR KATHERINE STREET, APT E	☐ Delete	TITLE NAME STREET ADDRE		ers, Gerá F Cape Dr		🔼 Change	Addition
ST-ZIP	FORT WALTON BEACH FL 32547	☐ Delete	CITY-ST-ZIP			each, Florid	a 32547 ☐ Change	☐ Addition
- 1227.233 St-Zip	÷		NAME STREET ADDRE CITY-ST-ZIP	ESS			_	,
I hereby of	certify that the information supplied with to this report or supplemental report is to the control of the contr	his filing does not qualify for th	ne exemption	stated in Sec	ction 119.07(3)(i), i	Florida Statutes, I furthe	er certify that the in	nformation

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.

| Compared 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.

| Compared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the compared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter 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 the chapter of the corporation or the receiver or trustee empowered.

| Compared to 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 the corporation or the receiver or trustee empowered.

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