

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001344**

1. Entity Name

GREATER TEMPLE CHURCH MINISTRIES, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90128 001 ****61.25

03-13-2001 90128 002 ****8.75

Principal Place of Business

**700 BEAL PARKWAY
FORT WALTON BEACH FL 32547**

Mailing Address

**6949 ELLIOT'S GIN LANE
NAVARRE FL 32566-8588**

2. Principal Place of Business

6949 Elliot's Gin Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2155

Suite, Apt. #, etc.

City & State

Navarre, Florida

City & State

Ft. Walton Beach, FL

4. FEI Number

59-3230997

Applied For

Not Applicable

Zip

32566-8588

Country

Santa Rosa

Zip

32549-2155

Country

Okaloosa

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATERS, GERALD L SR
6949 ELLIOT'S GIN LANE
NAVARRE FL 32566-8588**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, ANDREA R	
STREET ADDRESS	6949 ELLIOT'S GIN LANE	
CITY-ST-ZIP	NAVARRE FL 32566-8588	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, ZAKIA D	
STREET ADDRESS	6949 ELLIOT'S GIN LANE	
CITY-ST-ZIP	NAVARRE FL 32566-8588	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAND, DUTCHESS	
STREET ADDRESS	DELEWARE STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS, GERALD L SR	
STREET ADDRESS	6949 ELLIOT'S GIN LANE	
CITY-ST-ZIP	GULF BREEZE FL 32566-8588	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, GERALD L JR	
STREET ADDRESS	6949 ELLIOT'S GIN LN	
CITY-ST-ZIP	GULF BREEZE FL 32566-8588	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)