

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001344**

1. Entity Name

GREATER TEMPLE CHURCH MINISTRIES, INC.**FILED****May 19, 2002 8:00 am**
Secretary of State

05-19-2002 90121 001 ****61.25

05-19-2002 90121 002 *****8.75

Principal Place of Business

Mailing Address

**6949 ELLIOTTS GIN LANE
GULF BREEZE FL 32566-8588****P OB OX 2155
FT WALTON BEACH FL 32549-2155**

2. Principal Place of Business

105 Lewis Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

Ft. Walton Beach, FL

City & State

4. FEI Number

59-3230997

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

Country

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

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

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 \$61.259. 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	D WATERS, ANDREA R 6949 ELLOIT'S GIN LANE NAVARRE FL 32566-8588	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, ZAKIA D 6949 ELLOIT'S GIN LANE NAVARRE FL 32566-8588	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAND, DUTCHESS DELEWARE STREET FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, GERALD L SR 6949 ELLOIT'S GIN LANE GULF BREEZE FL 32566-8588	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, GERALD L JR 6949 ELLOIT'S GIN LN GULF BREEZE FL 32566-8588	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nathaniel Sumpter 5720 A Vosler Ave. Elmendorf AFB, AK 99506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glen D. Collins 852 Stonegate Court Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

13 February 2002

Date

850-582-4547

Daytime Phone #

CR2E037 (9/01)