

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002914

1. Entity Name

EMANUEL TEMPLE CHURCH OF GOD IN CHIRST, INC.

Principal Place of Business

Mailing Address

102 N.W. 12TH AVE.
DANIA FL 33004

P O BOX 368
DANIA FL 33004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, AMOS
102 N.W. 12TH AVE.
DANIA FL 33004

Name *Mallory, Eva Walker*

Street Address (P.O. Box Number is Not Acceptable)

4721 North West 16th Court
City *Lauderhill* FL Zip Code *33313*

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 NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, AMOS 3370 N.W. 213TH TERRACE CAROL CITY FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, OLIVER C 322 S.W. 6TH AVE. <i>134 N.W. 7th Ave</i> DELRAY BEACH FL 33444 <i>Dania FL 33004</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MARTHA 1502 S.W. 3RD AVE. <i>X</i> DANIA FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Eva Walker Mallory</i> <i>4721 N.W. 16th Court</i> <i>Lauderhill, FL 33313</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Amos Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90117 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)