

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001789

1. Entity Name

TEMPLE OF GOD'S CHURCH AND MISSION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90043 044 ****70.00

Principal Place of Business Mailing Address
176 E. 5TH ST. 246 W. 8TH
APOPKA FL 32703 APOPKA FL 32703-5116

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 59-3302104 ☒ 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

HUGLEY, JOHNNIE M
246 WEST 8TH STREET
APOPKA FL 32703

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	D	<input type="checkbox"/> Delete
NAME	HUGHLEY, JOHNNIE M	
STREET ADDRESS	246 W. 8TH ST.	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGLEY, TAMITRIA	
STREET ADDRESS	247 W. 8TH ST.	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMON, NIKKI LEE	
STREET ADDRESS	15 E. CLEVELAND	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TINSLEY, MARY	
STREET ADDRESS	P.O. BOX 416 N/A	
CITY - ST - ZIP	ZELLWOOD FL 32788	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMON, OSCAR	
STREET ADDRESS	15 E. CLEVELAND	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Johnnie M. Hugley 3-21-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)