

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001789

1. Entity Name

TEMPLE OF GOD'S CHURCH AND MISSION, INC.

Principal Place of Business

Mailing Address

176 E. 5TH ST.
APOPKA FL 32703

246 W. 8TH
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

176 E. 5th St

246 W. 8th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka Fla.

Apopka Fla. 32703

Zip

Zip

Country

Country

32703

Orange

32703

Orange County

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:

Johnnie M. Hugley

Signature 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 32798	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Johnnie M. Hugley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90035 016 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)