

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-27-2003 90175 014 ****70.00

DOCUMENT # N95000001789

1. Entity Name

TEMPLE OF GOD'S CHURCH AND MISSION, INC.



Principal Place of Business

**178 E. 5TH ST.
APOPKA FL 32703**

Mailing Address

**246 W. 8TH
APOPKA FL 32703**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Apopka, FL

Zip

Country

Zip

Country

32703

orange

4. FEI Number **APPLIED FOR**

195000001789

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

Apopka,

FL

Zip Code

32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Johnnie M. Hugley

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **HUGHLEY, JOHNNIE M**
STREET ADDRESS **246 W. 8TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **SD** ☐ Delete

NAME **HUGLEY, TAMITRIA**
STREET ADDRESS **247 W. 8TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **TD** ☐ Delete

NAME **SIMMON, NIKKI LEE**
STREET ADDRESS **15 E. CLEVELAND**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VD** ☐ Delete

NAME **TINSLEY, MARY**
STREET ADDRESS **P.O. BOX 418 N/A**
CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **D** ☐ Delete

NAME **SIMMON, OSCAR**
STREET ADDRESS **15 E. CLEVELAND**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

Johnnie M. Hugley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment

58016175
#N95000001789Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly

1 Name of applicant (Legal name) (See instructions.)
Johnnie M. Hughley

2 Trade name of business, if different from name in line 1
Temple of God Church + mission

3 Executor, trustee, "care of" name
Johnnie M. Hughley

4a Mailing address (street address) (room, apt., or suite no.)
176 East 5th Street

5a Business address, if different from address in lines 4a and 4b
246 West 8th Street

4b City, state, and ZIP code
Apopka Florida 32703

5b City, state, and ZIP code
Apopka Florida 32703

6 County and state where principal business is located
Orange

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶
Johnnie M. Hughley 267-44-2882

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	(enter GEN if applicable)	
<input type="checkbox"/> Other nonprofit organization (specify)		
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State **N/A** Foreign country **N/A**

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ Church	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **N/A**

11 Enter closing month of accounting year. (See instructions.) **N/A**

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)**

13 Enter highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter "0."**

	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ **N/A**

15 Is the principal business activity manufacturing? **N/A** ☐ Yes ☐ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶ **N/A**

17a Has the applicant ever applied for an identification number for this or any other business? **N/A** ☐ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **Johnnie M. Hughley**Signature ▶ **Johnnie M. Hughley**Date ▶ **2-19-96****Note: Do not write below this line. For official use only.**

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying