

2000 UNIFORM BUSINESS REPORT (UBR)

2/16/00-90121-008-\$61.25-\$61.25

DOCUMENT # N95000001906

1. Entity Name

PEACE TEMPLE CHURCH OF GOD IN CHRIST, INCORPORAT

Principal Place of Business

Mailing Address

11601 NW 8TH LN.
GAINESVILLE FL 32601

P.O. BOX 1529
NEWBERRY FL 32669-1529

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

59-3170137

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

YOUNG, EDWARD E
11601 NW 8TH LN.
GAINESVILLE FL 32601

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 ☐ Delete
NAME D
STREET ADDRESS YOUNG, EDWARD
CITY-ST-ZIP 11601 NW 8TH LN.
GAINESVILLE FL 32601

TITLE T ☐ Change ☒ Addition
NAME Edward Earl Young Jr
STREET ADDRESS P.O. Box 1839
CITY-ST-ZIP Hawthorne FL 32600

TITLE ☒ Delete
NAME T
STREET ADDRESS DERRONI, NEAL
CITY-ST-ZIP 252 NW 3RD AVE.
NEWBERRY FL 32669

TITLE T ☐ Change ☒ Addition
NAME Lorenzo Mervin
STREET ADDRESS 709 S.W. 75th Street Apt 102
CITY-ST-ZIP Gainesville FL 32607

TITLE ☐ Delete
NAME YOUNG, DOROTHY
STREET ADDRESS 11601 NW 8TH LN.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE T ☐ Change ☒ Addition
NAME Deloshia Mervin
STREET ADDRESS 709 SW 75th Street Apt 102
CITY-ST-ZIP Gainesville FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-00

331-0852

CR2E037 (9/99)

SP