

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003968

1. Entity Name

HEDGES AND HIGHWAY MINISTRIES OF THE HOLY TEMPLE

Principal Place of Business

Mailing Address

3333 W. ATLANTIC BLVD.
BAYS # 17 & 18
POMPANO BEACH FL

PO BOX 1017
BAYS # 17 & 18
POMPANO BCH FL 33061-1017
US

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

65-0377979

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

Name

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

City

FL

Zip Code

ROBINSON, JUDDY
540 NW 4TH AVE #811
FT LAUDERDALE FL 33311

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
After September 12, 2001, min. will be \$236.25

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	STD	<input type="checkbox"/> Delete
NAME	HUNTLEY, SHIRLEY	
STREET ADDRESS	632 SW 16TH AVENUE #C	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, JUDDY	
STREET ADDRESS	540 NW 4TH AVE #811	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, MAE FRANCES	
STREET ADDRESS	540 NW 4TH AVENUE #811	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARDEN, JOANNA	
STREET ADDRESS	1191 COVE LAKE ROAD	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33368	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, LEANDREA	
STREET ADDRESS	236 NW 14TH ST., APT #2	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, CHERYL	
STREET ADDRESS	700 NW 6TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY, SHIRLEY	
STREET ADDRESS	4110 NW 21ST AVENUE #G301	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, LANETRE	
STREET ADDRESS	2744 NW 30TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, JERRY	
STREET ADDRESS	2744 NW 30TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
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: *[Signature]* REQUIRED

9-11-2001 (954) 525-5475

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90016 011 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)