

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90182 023 \*\*\*\*61.25

**DOCUMENT # N96000000425**

1. Entity Name  
**HOLY TEMPLE PENTECOSTAL CHURCH, INC.**

Principal Place of Business      Mailing Address  
 14909 MERIDIAN RD. N.      14909 MERIDIAN RD. N.  
 TALLAHASSEE FL 32312      TALLAHASSEE FL 32312-9548  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0439492**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RANDOLPH, HENRIETTA**  
**ROUTE 3, BOX 679-D1**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RANDOLPH, HENRIETTA</b> <b>ROUTE 3, BOX 679-D1</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6074 Proctor Rd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Address</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ARDLEY, MARY</b> <b>ROUTE 3, BOX 679-D1</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2850 Ardley Lane</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Address</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>FRYSON, WILBERT</b> <b>ROUTE 3, BOX 680 PROCTOR RD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>6065 Proctor Rd</b></del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Address</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AP</b> <b>YOUNG, ZUNEVER</b> <b>2881 OAK LANE DR</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AP</b> <b>FRYSON, JAMES</b> <b>701 OKALOOSA ST</b> <b>TALLAHASSEE FL 32310</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mary Ardley **REQUIRED**      1-10-2000      385-5630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRCE037 (9/99)