

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002866

1. Entity Name

TRUE PENTECOSTAL TEMPLE OF GOD, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90097 009 ****61.25

Principal Place of Business	Mailing Address
11995 S.E. 140TH TERROAD OCCLAHWA FL 32183	5506 S.E. 102ND PL RD. BELLEVIEW FL 34420-3007

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3513684	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNFORD, CHARLES L JR 10711 SE 58TH AVE BELLEVIEW FL 34420	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME MUNFORD, CHARLES L JR. STREET ADDRESS 10711 S. 58TH AVENUE CITY-ST-ZIP BELLEVIEW FL 34420	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME LONG, JIMMIE L STREET ADDRESS POST OFFICE BOX 13164 N/A CITY-ST-ZIP JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME SHAW, WILLIE JR. STREET ADDRESS 4160 SE 145TH ST CITY-ST-ZIP SUMMERFIELD FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME NELSON, JOE STREET ADDRESS 1332 NORTH MAGNOLIA CITY-ST-ZIP OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MADISON, ROBERT JR. STREET ADDRESS 10680 SE 62ND AVENUE ROAD CITY-ST-ZIP BELLEVIEW FL 34420	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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: Charles L. Munford Jr. 2/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)