

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90248 026 \*\*\*\*61.25

DOCUMENT # N96000002866

1. Entity Name

TRUE PENTECOSTAL TEMPLE OF GOD, INC.

Principal Place of Business

11995 S.E. 140TH TERROAD  
OCCLAHAHA FL 32183

Mailing Address

5506 S.E. 102ND PL. RD.  
BELLEVIEW FL 34420

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

NOT-APPLICABLE

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

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.

☐ \$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 D. ☐ Delete  
NAME MUNFORD, CHARLES L JR.  
STREET ADDRESS 10711 S. 58TH AVENUE  
CITY-ST-ZIP BELLEVIEW FL 34420

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

TITLE D. ☐ Delete  
NAME LONG, JIMMIE L  
STREET ADDRESS POST OFFICE BOX 13164 N/A  
CITY-ST-ZIP JACKSONVILLE-FL-32206

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

TITLE D. ☐ Delete  
NAME SHAW, WILLIE JR.  
STREET ADDRESS 4160 SE 145TH ST  
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE D. ☐ Delete  
NAME NELSON, JOE  
STREET ADDRESS 1332 NORTH MAGNOLIA  
CITY-ST-ZIP Ocala FL

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

TITLE D. ☐ Delete  
NAME MADISON, ROBERT JR.  
STREET ADDRESS 10680 SE 62ND AVENUE ROAD  
CITY-ST-ZIP BELLEVIEW FL 34420

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2001  
Date Daytime Phone #

CR2E037 (10/00)