

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004002

1. Entity Name

UNITED TEMPLE OF GOD MINISTRIES, INC.

Principal Place of Business

2408 NW 8TH ST
FT. LAUDERDALE FL 33311

Mailing Address

2408 NW 8TH ST
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. 65-0684213

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Alonso B. Jones Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, ALONZO B JR.	
STREET ADDRESS	8111 SW 8TH CT	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ROUNDTREE, YOLONDA	
STREET ADDRESS	535 NW 18TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	VMC	<input type="checkbox"/> Delete
NAME	JONES, KAREN	
STREET ADDRESS	8111 SW 8 CT	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, CLARE	
STREET ADDRESS	80 NW 29 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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	Bernice Davis	
STREET ADDRESS	1605 NW 12 Street	
CITY-ST-ZIP	ft. Lauderdale, FL 33311	
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		

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:

Alonso B. Jones Jr.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alonso B. Jones Jr. Pastor 1-9-2001

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90085 001 ****66.25

01-20-2001 90085 002 *****3.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)