

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 022 ****61.25

DOCUMENT # N 96 000004002 ✓

1. Entity Name

United Temple of God Ministries Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 SW 62nd Way
Suite, Apt. #, etc.

3. Mailing Address

520 SW 62nd Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-0684213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-2002
DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>JONES ALONZO B JR P/D/C</u> <u>520 SW 62nd Way</u> <u>MARGATE FL 33066</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TS</u> <u>BOB TICK MILA N.</u> <u>441 MARTIN Rd</u> <u>MARGATE FL 33068</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/P/D</u> <u>TAYLOR KAY F.</u> <u>520 SW 62nd Way</u> <u>MARGATE FL 33068</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>A/D/S</u> <u>KNOX MARTHA</u> <u>5065 MT. CALHOUN ROAD</u> <u>ROCK HILL S.C. 29730</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/D/T</u> <u>ROBERTS MADLYNN</u> <u>6412 NW 20th COURT</u> <u>SUNRISE FL 33313</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alonso B. Jones Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2002
Date

Daytime Phone #

CR2E037B (12/01)