

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002410

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** JOHNSON TEMPLE CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

1150 HUNTINGTON RD  
CRESCENT CITY, FL 32112 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 LAKE ARGENTA DR.  
CRESCENT CITY, FL 32112 US

**New Mailing Address:**

**FEI Number:** 59-3591071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOMPKINS, DENNIS L  
6119 AMBASSADOR DRIVE  
ORLANDO, FL 32808

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOMPKINS, DENNIS  
Address: 6119 AMBASSADOR DRIVE  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: BANKS, HAZEL  
Address: 940 LAKE ARGENTA DRIVE  
City-St-Zip: CRESCENT CITY, FL

Title: D ( ) Delete  
Name: BONAPARTZ, JOHN  
Address: 912 CENTER ST  
City-St-Zip: CRESCENT CITY, FL

Title: D ( ) Delete  
Name: BANKS, RUBY  
Address: 940 LAKE ARGENTA DRIVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BANKS, HAZEL  
Address: 940 LAKE ARGENTA DRIVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: D (X) Change ( ) Addition  
Name: BONAPARTE, JOHN  
Address: 910 CENTER ST  
City-St-Zip: CRESCENT CITY, FL 32112

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: OWENS, STEPHANIE Y  
Address: 223 WORCESTER ROAD  
City-St-Zip: POMONA PARK, FL 32181

Title: D ( ) Change (X) Addition  
Name: TOPMKINS, NATASHA V  
Address: 6119 AMBASSADOR DRIVE  
City-St-Zip: ORLANDO, FL 3

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE Y. OWENS

SEC

04/24/2003

Electronic Signature of Signing Officer or Director

Date