

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003144

1. Entity Name

GOSPEL TEMPLE CHURCH OF GOD IN CHRIST, INC.

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90015 050 ****61.25

Principal Place of Business

705 NW 13TH AVE
OCALA FL 32675

Mailing Address

705 NW 13TH AVE
OCALA FL 32675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198370

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

AMOS, HOMER
7443 LENA CIRCLE
ZEPHRYHILLS FL 33540

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	PD	<input type="checkbox"/> Delete
NAME	AMOS, HOMER	
STREET ADDRESS	7443 LENA CIRCLE	
CITY-ST-ZIP	ZEPHRYHILLS FL 32675	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FORD, RICHARD	
STREET ADDRESS	2112 NW 24TH RD	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEYMOUR, PEGGY	
STREET ADDRESS	804 NW 2ND STREET	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOBLEY, PRISCILLA	
STREET ADDRESS	5399 NW 6TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, LEROY	
STREET ADDRESS	P O BOX 6548	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, AMOS	
STREET ADDRESS	2401 NW 24TH RD	
CITY-ST-ZIP	OCALA FL	

TITLE	DECON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Young	
STREET ADDRESS	1337 NW 13TH AVE	
CITY-ST-ZIP	OCALA FL 34475	
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		<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

Richard A. Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02 352-840-0016

CR2E037 (9/01)