

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

UW 1004

03-13-2002 90048 018 ****61.25

DOCUMENT # N98000007277

1. Entity Name

HOLY TEMPLE PENTECOSTAL CHURCH OF SOUTH DADE, IN C.

Principal Place of Business

Mailing Address

**1395 SW 8TH ST
 HOMESTEAD FL 33030**

**853 NW 2ND ST
 FLORIDA CITY FL 33034**

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

65-0886914

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

**MURPHY, DORTHEA
 853 NW 2ND ST
 FLORIDA CITY FL 33034**

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 Delete
 NAME **PD MURPHY, DORTHEA**
 STREET ADDRESS **853 NW 2ND ST**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MURPHY, WILLIE**
 STREET ADDRESS **853 NW 2ND ST**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WRIGHT, EARNEST**
 STREET ADDRESS **24508 SW 130TH CT**
 CITY-ST-ZIP **PRINCETON FL 33632**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HOLMES, JOHNNIE M**
 STREET ADDRESS **30510 SW 152ND AVE**
 CITY-ST-ZIP **LEISURE CITY FL 33033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD TATE, DENA**
 STREET ADDRESS **1533A S LIBERTY AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GSD MURPHY, JOLAYNE**
 STREET ADDRESS **853 NW 2ND ST**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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: *Dorthea Murphy* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/02

Date

305 247 8077

Daytime Phone #

CR2E037 (9/01)