

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90077 004 ****61.25

DOCUMENT # N98000007277

1. Entity Name

**HOLY TEMPLE PENTECOSTAL CHURCH OF SOUTH DADE, IN
C.**



Principal Place of Business

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

Mailing Address

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

00001147



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886914**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, DORTHEA	
STREET ADDRESS	853 NW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, WILLIE	
STREET ADDRESS	853 NW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, EARNEST	
STREET ADDRESS	24508 SW 130TH CT	
CITY-ST-ZIP	PRINCETON FL 33632	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLMES, JOHNNIE M	
STREET ADDRESS	30510 SW 152ND AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TATE, DENA	
STREET ADDRESS	1533A S LIBERTY AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	GSD	<input type="checkbox"/> Delete
NAME	MURPHY, JOLAYNE	
STREET ADDRESS	853 NW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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*

2/9/03 = 305 2478077

CR2E037 (10/02)