

DOCUMENT # N99000002066

1. Entity Name

GREATER PRAYER TEMPLE OUTREACH MINISTRIES, INC.

FILED

00 MAR 22 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

330 PINES STREET  
BRONSON FL 32621330 PINES STREET  
BRONSON FL 32621-6539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3421985

Applied

Not

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input type="checkbox"/> Delete
NAME	NELSON, LEWIS B	
STREET ADDRESS	330 PINES STREET	
CITY-ST-ZIP	BRONSON FL 32621	

TITLE	D-ARTHUR J. MATHIS JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	PO Box 232	
STREET ADDRESS	BRONSON, FLA 32621	
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	WOODLEY, ROOSEVELT	
STREET ADDRESS	330 PINES STREET	
CITY-ST-ZIP	BRONSON FL 32621	

TITLE	D-REGINALD NATTIEL SR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	P.O. Box 964	
STREET ADDRESS	NEWBERRY, FLA. 32669	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SYLVESTER	
STREET ADDRESS	330 PINES STREET	
CITY-ST-ZIP	BRONSON FL 32621	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE