

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005403

1. Entity Name

GOD'S HOLY TEMPLE OUTREACH MINISTRIES, INCORPORATED

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 006 ****61.25

Principal Place of Business

Mailing Address

3204 ORANGE AVENUE
FORT PIERCE FL 34947

208 N. 28TH STREET
FORT PIERCE FL 34947

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

65-0955307

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

SPEARS, CASSANDRA
3113 AVENUE "S"
FORT PIERCE FL 34947

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUGABOOK, ERVIN JR.
208 N. 28TH STREET
FORT PIERCE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SYMONETTE, DOUGLAS E
1606 AVENUE "H"
FORT PIERCE FL

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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SPEARS, CASSANDRA
3113 AVENUE "S"
FORT PIERCE FL

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CITY-ST-ZIP
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HAUGABOOK, ALICE Z
208 N. 28TH STREET
FORT PIERCE FL

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)