

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 015 ****70.00

DOCUMENT # N99000005403
1. Entity Name
GOD'S HOLY Temple Outreach Ministries, INCORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2104 N. Federal HWY
Suite, Apt. #, etc.

3. Mailing Address
315A North 11th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Pierce, Florida

City & State
Fort Pierce, Florida

Zip
34950 Country
ST. Lucie

Zip
34950 Country
ST. Lucie

4. FEI Number Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Cassandra Spears

Street Address (P.O. Box Number is Not Acceptable)
3113 Ave S

City
Fort Pierce FL Zip Code
34947

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DEACON</u> <u>Elvin Haugabod</u> <u>315A N. 11th Street</u> <u>Fort Pierce, Florida 34950</u>	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pastor</u> <u>Douglas E. Symonette</u> <u>11008 Ave H</u> <u>Fort Pierce, Florida 34946</u>	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Recording Secretary</u> <u>Cassandra Spears</u> <u>3113 Ave S</u> <u>Fort Pierce, Florida 34947</u>	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Financial Secretary / Treasurer</u> <u>Alice Haugabod</u> <u>315A N. 11th Street</u> <u>Fort Pierce, Florida 34950</u>	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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CR2E037B (12/02)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Alice Z. Haugabod Alice Z. Haugabod 3/27/03 (112) 465-1016