

**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