


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 27 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001487 (7)**  
 1. Corporation Name  
**WATSON TEMPLE CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business 665 W GEORGIA ST TALLAHASSEE FL 32304 US	Mailing Address PO BOX 2576 TALLAHASSEE FL 32304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/25/1994</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2415504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEPPARD, ELBERT L**  
**1815 ELM ST**  
**QUINCY FL 32353**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TT</b>	<input type="checkbox"/> DELETE
NAME	<b>STALLWORTH, THEOTIS</b>	
STREET ADDRESS	<b>502 DUPONT DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STALLWORTH, FRANCIS</b>	
STREET ADDRESS	<b>502 DUPONT DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, OBADIAH</b>	
STREET ADDRESS	<b>1112 JOE LOUIS</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>TP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPPARD, ELBERT L</b>	
STREET ADDRESS	<b>PO BOX 655 N/A</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPPARD, DONALD</b>	
STREET ADDRESS	<b>3103 S FULMER CIR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, WINIFRED E</b>	
STREET ADDRESS	<b>1775 CENTERVILLE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *W. Sims* RECORDED *8/21/97* 38-3975

CR2E037 (4/97)