

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90083 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001487

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2415504

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

25

28 Zip

Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Sheppard, DONALD

82 Street Address (P.O. Box Number is Not Acceptable)
3103 S. Fulmer Cir

83

84 City Tallahassee

FL

85 Zip Code 32303

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 Donald Sheppard

1/18/99

DATE

12. OFFICERS AND DIRECTORS

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

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	TP <input checked="" 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 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, with all other like empowered.

SIGNATURE: Winifred E. Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-386-3275

CR2E037 (1/198)