


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

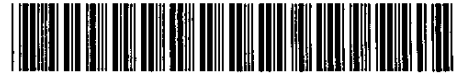
FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 023 ****61.25

DOCUMENT # N94000001487
 1. Entity Name
WATSON TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business: **665 W. BREVARD ST. TALLAHASSEE FL 32304 US**
 Mailing Address: **PO BOX 2576 TALLAHASSEE FL 32316**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
SHEPPARD, DONALD
3103 S. FULMER CIR
TALLAHASSEE FL 32303

4. FEI Number: **59-2415504**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	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 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	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, ESSIE	
STREET ADDRESS	934 MILLARD ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Donald E. Sheppard* **Donald E. Sheppard** 6/18/06 562-9115
 4/7/06