


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000001487 1. Entity Name WATSON TEMPLE CHURCH OF GOD IN CHRIST, INC.	
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Principal Place of Business 665 W. BREVARD ST. TALLAHASSEE, FL 32304 US	Mailing Address PO BOX 2576 TALLAHASSEE, FL 32316
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DO NOT WRITE IN THIS SPACE

FILED
07 JUL -9 PM 3:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2415504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEPPARD, DONALD
3103 S. FULMER CIR
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT STALLWORTH, THEOTIS 502 DUPONT DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALLWORTH, FRANCIS 502 DUPONT DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, OBADIAH 1112 JOE LOUIS TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SHEPPARD, DONALD 3103 S FULMER CIR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMS, WINIFRED E 1775 CENTERVILLE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, ESSIE 934 MILLARD ST TALLAHASSEE, FL 32301

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400106641224
07/24/07--01052--015 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 7/9/07 850 224 0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #