2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

DOCUMENT:	# N	19600	000	0422
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1. Entity Name

JESUS CHRIST OF NAZARETH WORSHIP AND PRAISE TEMPLE, INC.

8. Name and Address of Current Registered Agent



Principal Place of Business

Mailing Address

1605 SE 28TH PLACE GAINESVILLE, FL 32641 1605 SE 28TH PLACE Gainesville, FL 32641



DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3426219 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Dayone Phone #

THOMPSON, ELDER HENRY 1605 SE 28TH PLACE GAINESVILLE FL 32841

SIGNATURE:

DO NOT WRITE IN THIS SPACE

GAINLOVI	LLL, (C 0204)			IN	IHIS SPACE		
	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	d office or req	ristered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and Bita	erelative (NOTE: Registered	Agent signsture o	edriced when remetalish)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finant Trust Fund Contribution.	ốμος Π	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DOROTHY J C 1605 SE 28TH PLACE GAINESVILLE, FL 32641		00.00 70.00 - 19413-878 04/13/26-8129-808				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, MARYE H 1101 NE 20TH AVENUE GAINESVILLE, FL 32602				544 174 90 90513 901 10.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, TERESA K PO BOX 415 N/A GAINESVILLE, FL 32602		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZP	D AIKENS, CHARLES 3500 WINDMEADOWS BLVD., APT 6 GAINESVILLE, FL 32602	5	IN THIS SPACE				
TIRLE NAME STREET ADDRESS EXTY -ST -ZIP	D SMITH, CONNIE 3031 SE 15TH ST. GAINESVILLE, FL 32641						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRAY, KELVIN 1726 SE 14TH AVE GAINESVILLE, FL 32641	e e e e e e e e e e e e e e e e e e e					
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 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 attachness, with all other like empowered.							