

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000422**

1. Entity Name  
**JESUS CHRIST OF NAZARETH WORSHIP AND PRAISE  
TEMPLE, INC.**



Principal Place of Business  
**1605 SE 28TH PLACE  
GAINESVILLE, FL 32641**

Mailing Address  
**1605 SE 28TH PLACE  
GAINESVILLE, FL 32641**



03132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3426219**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, ELDER HENRY  
1605 SE 28TH PLACE  
GAINESVILLE, FL 32641**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, DOROTHY J C
STREET ADDRESS	1605 SE 28TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	LANGSTON, MARYE H
STREET ADDRESS	1101 NE 20TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	T
NAME	THOMPSON, TERESA K
STREET ADDRESS	PO BOX 415 N/A
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	D
NAME	AIKENS, CHARLES
STREET ADDRESS	3500 WINDMEADOWS BLVD., APT 65
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	D
NAME	SMITH, CONNIE
STREET ADDRESS	3031 SE 15TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	T
NAME	MCCRAY, KELVIN
STREET ADDRESS	1728 SE 14TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32641

**DO NOT WRITE  
IN THIS SPACE**

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04/03/07-80075-014 70:00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/07**

Date

Daytime Phone # \_\_\_\_\_