

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000422

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

1605 SE 28TH PLACE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1605 SE 28TH PLACE
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3426219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, DOROTHY J C
Address: 1605 SE 28TH PLACE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: LANGSTON, MARYE H
Address: 1101 NE 20TH AVENUE
City-St-Zip: GAINESVILLE, FL 32602

Title: T () Delete
Name: THOMPSON, TERESA K
Address: PO BOX 415 N/A
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: AIKENS, CHARLES
Address: 1403 SE 1ST
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: SMITH, CONNIE
Address: 3031 SE 15TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: T () Delete
Name: MCCRAY, KELVIN
Address: 1728 SE 14TH AVE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY THOMPSON

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date