

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2005  
Secretary of State**

DOCUMENT# N96000002236

Entity Name: TRUE PENTECOSTAL COMMUNITY TEMPLE, INC.

**Current Principal Place of Business:**

16 S WILSON AVE  
COCOA, FL 32922 US

**New Principal Place of Business:**

**Current Mailing Address:**

16 S WILSON AVE  
COCOA, FL 32922 US

**New Mailing Address:**

FEI Number: 59-3379225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIMBROUGH, CHARLIE  
3602 BROPHY BLVD.  
COCOA, FL 32926 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: PTD ( ) Delete  
Name: KIMBROUGH, CHARLIE  
Address: 3602 BROPHY BLVD.  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: WASHINGTON, DELIAH  
Address: 288 PRICE AVE  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: TUCKER, GRACIE  
Address: 1012 HAYDEN ROAD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: GRAVES, LESTER  
Address: 610 SOUTH VARR AVENUE  
City-St-Zip: COCOA, FL 32926

Title: VD ( ) Delete  
Name: KIMBROUGH, BARBARA  
Address: 3602 BROPHY BLVD  
City-St-Zip: COCOA, FL 32926

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLIE F. KIMBROUGH

PTD

01/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date