


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2005 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # N04000002641 | |  |
| 1. Entity Name THOMAS TEMPLE, CHURCH OF GOD IN CHRIST, INC. | | |
| Principal Place of Business 516 NORTHWEST 16TH AVENUE POMPANO BEACH FL 33069 | | Mailing Address 516 NORTHWEST 16TH AVENUE POMPANO BEACH FL 33069 |



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| 2. Principal Place of Business 516 N.W. 16th Ave. Suite, Apt #, etc Pompano Bch City & State FL Zip 33069 Country Broward | | 3. Mailing Address Suite, Apt #, etc City & State Zip Country | |
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1st MOORE CR2E037 (10/04)

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| 6. Name and Address of Current Registered Agent ROBINSON, ROBERT L 1890 NORTHWEST 6TH AVENUE POMPANO BEACH FL 33060 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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: *Robert Lee Robinson* + 7-18-05
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P ROBINSON, ROBERT L 1890 NORTHWEST 6TH AVENUE POMPANO BEACH FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S SLAPPY, DOROTHY 601 N.W. 23RD TERR. POMPANO BEACH FL 33069 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | T JORDAN, THEODUS 590 N.W. 21ST CT. POMPANO BEACH FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert Lee Robinson* Robert L. Robinson + 7-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #