# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N04000002641

Entity Name: THOMAS TEMPLE, CHURCH OF GOD IN CHRIST, INC.

**FILED** Sep 15, 2020 **Secretary of State** 3200163154CC

#### **Current Principal Place of Business:**

516 NORTHWEST 16TH AVENUE POMPANO BEACH, FL 33069

## **Current Mailing Address:**

POST OFFICE BOX 668157

POMPANO BEACH, FL 33066 US

FEI Number: 20-0892605 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

ROBINSON, JAMAL L 516 NORTHWEST 16TH AVENUE POMPANO BEACH, FL 33069 US

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: JAMAL L ROBINSON 09/15/2020

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title TRUSTEE, PRESIDENT, CEO, PASTOR Title TRUSTEE, SECRETARY Name ROBINSON, JAMAL L Name GOODLEY, CAROLYN 1901 NW 5TH TERRANCE Address 1890 NW 6TH AVENUE Address City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: POMPANO BEACH FL 33060

Title TRUSTFF TRUSTEE, TREASURER Title

Name OGISTE, WILLA BYNES, ADRIENNE Name

Address 516 NORTHWEST 16TH AVENUE Address 516 NW 16TH AVENUE City-State-Zip: POMPANO BEACH FL 33069 City-State-Zip: POMPANO BEACH FL 33069

Title **TRUSTEE** Title TRUSTEE, CHAIRMAN, DEACON

Name ERVIN, WILLIE Name ROBERTS, LYNN SR.

Address 2950 NW 8TH STREET Address 220 NW 20TH STREET

City-State-Zip: POMPANO BEACH FL 33069 City-State-Zip: POMPANO BEACH FL 33060

Title TRUSTEE. TRUSTEE BOARD Title VC, DEACON SECRETARY, EXECUTIVE

Name ROBINSON, KERRY D SECRETARY

ROBINSON, ANDREA C MSN, FNP-BC Name 1890 NW 6TH AVENUE Address

1890 NW 6TH AVENUE Address City-State-Zip: POMPANO BEACH FL 33060

> City-State-Zip: POMPANO BEACH FL 33060

I hereby 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 all other like empowered.

SIGNATURE: JAMAL L. ROBINSON

PASTOR, PRESIDENT,

09/15/2020

CEO, TRUSTEE