2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002641

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

FILED
Apr 30, 2020
Secretary of State
3192424862CC

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 04/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	TRUSTEE, PRESIDENT	Title	TRUSTEE
TILLO	TIXOUTEE, TIXEOIDEINI	1140	11100166

NameWILLIAMS, JIMMIE L DR.NameSHEPPARD, DOROTHYAddress1551 SW 189TH TERRANCEAddress601 N.W. 23RD TERR.

City-State-Zip: PEMBROKE PINES FL 33029 City-State-Zip: POMPANO BEACH FL 33069

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

Title TRUSTEE, TREASURER Title TRUSTEE

Name BYNES, ADRIENNE Name OGISTE, WILLA

Address 516 NW 16TH AVENUE Address 516 NORTHWEST 16TH AVENUE

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

Title TRUSTEE, CHAIRMAN, DEACON Title TRUSTEE

Name ROBERTS, LYNN SR. Name ERVIN, WILLIE

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

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

Continues on page 2

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 TRUSTEE, VP 04/30/2020

Officer/Director Detail Continued:

Title VC, DEACON

Name ROBINSON, KERRY D
Address 1890 NW 6TH AVENUE

City-State-Zip: POMPANO BEACH FL 33060