# SIGNATURE: PASTOR JAMAL L ROBINSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400002641

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

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

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

**516 NORTHWEST 16TH AVENUE** POMPANO BEACH, FL 33069

REPORT

### **Current Mailing Address:**

POST OFFICE BOX 668157 POMPANO BEACH, FL 33066 US

# FEI Number: 20-0892605

#### 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	E: JAMAL L ROBINSON		08/08/2020
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	TRUSTEE	Title	TRUSTEE, PRESIDENT, CEO
Name	SHEPPARD, DOROTHY	Name	ROBINSON, JAMAL L
Address	601 N.W. 23RD TERR.	Address	1890 NW 6TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33060
Title	TRUSTEE, SECRETARY	Title	TRUSTEE, TREASURER
Name	GOODLEY, CAROLYN	Name	BYNES, ADRIENNE
Address	1901 NW 5TH TERRANCE	Address	516 NW 16TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33069
Title	TRUSTEE	Title	TRUSTEE, CHAIRMAN, DEACON
Name	OGISTE, WILLA	Name	ROBERTS, LYNN SR.
Address	516 NORTHWEST 16TH AVENUE	Address	220 NW 20TH STREET
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33060
Title	TRUSTEE	Title	VC, DEACON
Name	ERVIN, WILLIE	Name	ROBINSON, KERRY D
Address	2950 NW 8TH STREET	Address	1890 NW 6TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069	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.

PRESIDENT/CEO

08/08/2020

Date

## FILED Aug 08, 2020 Secretary of State 8521618471CC

Certificate of Status Desired: No