

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005386

Entity Name: WILLIAMS TEMPLE CHURCH OF GOD IN CHRIST, INC.**Current Principal Place of Business:**628 NW 7TH AVENUE
GAINESVILLE, FL 32601**Current Mailing Address:**628 NW 7TH AVENUE
GAINESVILLE, FL 32601 US**FEI Number: 59-3760538****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GREEN, MAXINE P
5005 NW 23RD DRIVE
GAINESVILLE, FL 32605 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: MAXINE GREEN****02/20/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	FEATHERS, KENYARDA T SR.
Address	POST OFFICE BOX 1013
City-State-Zip:	WILLISTON FL 32696

Title	DEA, DEACON
Name	SINGLETON, JAMES
Address	2403 NE 12TH STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	ADMA
Name	RUSH, CARONNE C
Address	252 NE 45TH TERRACE
City-State-Zip:	GAINESVILLE FL 32641

Title	OTHER, MINISTRY COORDINATOR
Name	FEATHERS, RONDA F
Address	P O BOX 1013
City-State-Zip:	WILLISTON FL 32696

Title	ASST. TREASURER
Name	MCTAW, MARVIN
Address	4915 NW 28TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	ASST. TREASURER
Name	LASTER, RIC
Address	1533 SE 15TH AVENUE
City-State-Zip:	GAINESVILLE FL 32641

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: KENYARDA T. FEATHERS, SR.**CEO****02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date