

2016 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: No****Name and Address of Current Registered Agent:**WILLIAMS, SALLY K DR.
6620 SW 75TH STREET
GAINESVILLE, FL 32608 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: SALLY K. WILLIAMS****01/04/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name FEATHERS, KENYARDA T SR.
Address PO 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 WALDON, SANGERNETTA
Address 1831 SE 39TH TERRACE
City-State-Zip: GAINESVILLE FL 32641

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 (PASTOR)****01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date