**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2020**
**Secretary of State**
**1373588105CC**

DOCUMENT# N09000001653

**Entity Name:** NEALS TEMPLE HOLINESS CHURCH INC

**Current Principal Place of Business:**

240 NEALS TEMPLE RD.
HAVANA, FL 32333

**Current Mailing Address:**

P.O. BOX 304
HAVANA, FL 32333 US

**FEI Number: 59-3729134**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, ALLEN
96 KIRBY CIRCLE
HAVANA, FL 32333 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: ALLEN JONES 04/30/2020

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TRUSTEE |
| Name | RANDOLPH, EUGENE |
| Address | 55 ASTOR COURT |
| City-State-Zip: | QUINCY FL 32352 |

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|---|---|
| Title | TRUSTEE |
| Name | MOORE, WILLIAM |
| Address | 1932 MLK BLVD |
| City-State-Zip: | MIDWAY FL 32343 |

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|---|---|
| Title | TRUSTEE |
| Name | KELLY, LULA |
| Address | 128 PERRY LANE |
| City-State-Zip: | HAVANA FL 32333 |

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|---|---|
| Title | TRUSTEE |
| Name | WALKER, BARBARA |
| Address | 8205 BRIDGE WATER TRAIL |
| City-State-Zip: | TALLAHASSEE FL 32312 |

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|---|---|
| Title | ELDER |
| Name | JONES, ALLEN |
| Address | 96 KIRBY CIRCLE |
| City-State-Zip: | HAVANA FL 32333 |

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|---|---|
| Title | TRUSTEE |
| Name | WILSON, EMOGENE |
| Address | 239 SW 5TH STREET |
| City-State-Zip: | HAVANA FL 32333 |

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|---|---|
| Title | TRUSTEE |
| Name | HUNTER, CRYSTALGALE |
| Address | P.O. BOX 537 |
| City-State-Zip: | HAVANA FL 32343 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | JONES, RICKIE |
| Address | 38 IRA BUNION ROAD |
| City-State-Zip: | HAVANA FL 32333 |

*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: ALLEN JONES PASTOR 04/30/2020

Electronic Signature of Signing Officer/Director Detail — Date