

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** Yes**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

01/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title TRUSTEE
Name BRYANT, CARMEN
Address 83 HOPKINS LANE
City-State-Zip: GREENSBORL FL

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

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

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

ELDER

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date