

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001487

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

**Current Principal Place of Business:**

665 W. BREVARD ST.  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

PO BOX 2576  
TALLAHASSEE, FL 32316

**FEI Number: 59-2415504**

**Certificate of Status Desired: No**

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

SHEPPARD, DONALD  
3103 S. FULMER CIR  
TALLAHASSEE, FL 32303 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name STALLWORTH, FRANCIS  
Address 502 DUPONT DR  
City-State-Zip: TALLAHASSEE FL

Title TP  
Name SHEPPARD, DONALD  
Address 3103 S FULMER CIR  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name YOUNG, ESSIE  
Address 934 MILLARD ST  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name MINNERS, DENITA  
Address 3327 LUCKY DEBONAIR TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title TRUSTEE  
Name WATSON, REGINALD  
Address P O BOX 7504  
City-State-Zip: TALLAHASSEE FL 32314

Title TRUSTEE  
Name WHITE, C. ERICA  
Address 3773 ESPLANDE WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title TRUSTEE  
Name COPPIN, GEOFFREY  
Address 5433 PINDERTON WAY  
City-State-Zip: TALLAHASSEE FL 32317

Title ELDER  
Name COWART, CHRISTOPHER  
Address 7016 ALHAMBRA DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

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*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: DENITA MINNERS**

**SECRETARY**

**01/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ELDER  
Name AUBER, ERIC  
Address P O BOX 5913  
City-State-Zip: TALLAHASSEE FL 32314