

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90334 037 \*\*\*\*61.25

**DOCUMENT # 701049**

1. Entity Name  
EVANGEL TEMPLE ASSEMBLY OF GOD, INC.



Principal Place of Business  
5755 RAMONA BOULEVARD  
JACKSONVILLE, FL 32205

Mailing Address  
5755 RAMONA BOULEVARD  
JACKSONVILLE, FL 32205

00000014



03242005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1516022

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIGGINS (CECIL)  
1201 GROWN DR  
JACKSONVILLE, FL 32205

WIGGINS, CECIL L.  
1561 Royal County Dr.  
Jacksonville, FL 32221

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert Wiggins*

Signature, typed or printed name of registered agent and address applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BOWERS, WALTER  
STREET ADDRESS 12441 PULASKI RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE P  
NAME BOWERS, WALTER  
STREET ADDRESS 12441 PULASKI RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE D  
NAME DEVEREAUX, DONNIE  
STREET ADDRESS 6892 CISCO GRDN RD  
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE T  
NAME JOHNSON, BOB  
STREET ADDRESS 1675 CINNAMON FERN CT  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D  
NAME BAER, BOBBY  
STREET ADDRESS 6547 ORTOLAN AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE S  
NAME BASKIN, ROGER  
STREET ADDRESS 6879 BAKERSFIELD DR  
CITY-ST-ZIP JACKSONVILLE, FL 32210

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bob Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-05

Date

1-904-781-9393

Daytime Phone #