


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 002 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1516022	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WIGGINS (CECIL) 1567 ROYAL COUNTY DRIVE JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title, if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 4-13-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, WALTER 12441 PULASKI RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGGINS, CECIL 1567 Royal County Dr JACKSONVILLE, FL 32221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVEREAUX, DONNIE 6892 CISCO GRDN RD JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BOB 1675 CINNAMON FERN CT GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Johnson, Bob 1655C Vineland Cir. Orange Park, FL 32063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAER, BOBBY 6547 ORTOLAN AVE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASKIN, ROGER 6879 BAKERSFIELD DR JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McKwan, Dick 3637 Meadowgreen Lane Middleburg, FL 32068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> Bob Johnson			Date 4-16-06 Daytime Phone # 1-904-781-9393		