

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90400 007 ****61.25

DOCUMENT # 705841

1. Entity Name

THE HOLSEY TEMPLE C M E CHURCH, INCORPORATED



Principal Place of Business

3729 N. 15TH ST.
TAMPA FL 33610

Mailing Address

3729 N. 15TH ST.
TAMPA FL 33610



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1619394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, CHARLES
2403 EAST OSBORNE AVE.
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
WILLIAMS, CLIFTON
914 KNIGHT STREET
SEFFNER FL 33584

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
CLARK, WILLIE
3209 E OSBORNE AVE
TAMPA FL 33610

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
BOWICK, CLEM
1607 HARTLEY RD
TAMPA FL 33619

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
CLACK, CHARLES J
2403 E OSBORNE AVE
TAMPA FL 33610

TITLE NAME ☒ Delete
STREET ADDRESS
CITY- ST- ZIP
BLACK, ALFRED
4206 E. PALIFOX
TAMPA FL 33610
Decrease

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
CLARK, Charles J

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles J. Clark

Charles J. Clark

3-26-2006

813 787-8021