## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1997

707269

## GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF J ACKSONVILLE, INC.

rnincipai riace		·	1656 WEST EDGEWOOD AVENUE P O BOX 9036			, , , , , , , , , , , , , , , , , , , ,		
1656 WEST EDO P O BOX 9036	SEWOOD AVENUE							
JACKSONVILLE FL 32208			JACKSONVILLE FL 32208-0036			6 Date In corrected as Qualified	TA: Data att	
						3. Date Incorporated or Qualified 05/12/1964	3a. Date of L 11/27	.ast нероп 7/1996
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-2428267		Not Applicable
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27				o. Communic or Status Busined	F	ee Required
City & State		<b>├</b> ──	City & State		6. Election Campaign Financing			
23 Zuc	Country	28		Count		Trust Fund Contribution		ided to Fees
Zip	Country	Zip	ı	Country 30		This corporation has liability for it     Florida Statutes	ntangible tax un ] Yes	der s. 199.032,
24	9. Name and Address of Curr	29 ent Registere	d Agent	1301		10. Name and Address of New Re	<u> </u>	
				8	Name	10.		
KINSEY	BISHOP C. D.			_				
9462 AUGUST DRIVE				8:	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	NVILLE FL 32226			8:				
0, 10, 100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 04			7:- 0:-1-
				8	City		FL  85	Zip Code
11. Pursuant t	o the provisions of Sections 617.0	502 and 617.1	508, Florida Statu	tes, the abo	e-named co	rporation submits this statement for the p	urpose of chang	ing its registered
agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. t igations of, Se	such change was ection 617.0503, Fl	aumorized k Iorida Statute	iy the corpora es.	ation's board of directors. I hereby accep	ot the appointme	nt as registered
SIGNATURE		-						
	Signature, typed or printed name of registered (				eni signature req	ulred when reinstating)	DATE	
12.		ND DIRECTO	rs Delete	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	TD BADAICO ELLEN		☐ DELETE	1.1 TITLE			[_] Ch	ange L. Addition
NAME	BARNES, ELLEN 800 BROWARD RD., #I-203			1.2 NAME				
STREET ADDRESS	JACKSONVILLE FL				T ADDRESS		-	
CITY-ST-ZIP TITLE	PD		DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP		☐ Ch	ange Addition
NAME	KINSEY, CALVIN			2.2 NAME				ango
STREET ADDRESS	9462 AUGUST DR				T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CITY				
TITLE	SD		DELETE	3.1 TITLE			☐ Ch	ange Addition
NAME	NELSON, ANTOINETTE			3.2 NAME				
STREET ADDRESS	1865 W EDGEWOOD AVE	F15		3.3 STRE	T ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL			3.4. CITY	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE	·		☐ Ch	ange 🔲 Addition
NAME				4. 2 NAM				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			DELETE	4.4 CITY	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE			L Ch	ange L Addition
NAME				5.2 NAME				
STREET ADDRESS					1 ADDRESS			
CITY-ST-7IP TITLE			DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP		Ch	ange Addition
NAME			L DELETE				L UI	anda ("T Vonundi)
STREET ADDRESS				6.2 NAME	T ADDRESS			
CITY-ST-ZIP				6.4 CITY -				
OILL-SITE				D.4 G()	ai. TIL			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

Feb 24 1997 8:00am

Secretary of State