## 2004 NOT-FOR-PROFIT CORPORATION

## Jul 16, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # 707269** 07-16-2004 90084 001 \*\*\*210.00 GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 66430085 POB 9216 2591 W BEAVER ST JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32254 115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092004 Cha-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-2428267 City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KINSEY, BISHOP C. D. Street Address (P.O. Box Number is Not Acceptable) 12754 MUIRFIELD BLVD N. JACKSONVILLE, FL 32-2225 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 (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete Change Addition KINSEY, CALVIN NAME NAME 2591 BEAVER ST W STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32254 CITY-ST-ZIP COTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NELSON, ANTOINETTE NAME 646 CHERRY PARK DR N STREET ADDRESS STREET ADDRESS CrTY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP TITLE Delete TITLE ■ Addition GLOSTER, KENT NAME NAME STREET ADDRESS 595 ABERDEEN CT STREET ADDRESS CITY-ST-ZIP ORANGÉ PARK, FL 32073 CITY-ST-ZIP" TITLE □ Defete TITLE ☐ Addition MAY, MAJOR NAME NAME 6547 WIKINLOCKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP Delete TITLE TITLE SERMON, ARTHUR NAME NAME STREET ADORESS 6054 RIBAULT RD STREET ADDRESS JACKSONVILLE, FL 32209 CITY-ST-ZIP CMY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME

I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

changed, or on an attachm

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

15/64 Davtime Phone #

FILED