

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

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90135 001 \*\*\*210.00

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<b>DOCUMENT # 707269</b>					
1. Entity Name GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.					
Principal Place of Business 2591 W BEAVER ST JACKSONVILLE, FL 32254			Mailing Address POB 9216 JACKSONVILLE, FL 32208 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2428267	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KINSEY, CARRIE B 12754 MUIRFIELD BLVD N. JACKSONVILLE, FL 32225			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINSEY, CARRIE B		NAME		
STREET ADDRESS	1274 MUIRFIELD BLVD W		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, ANTOINETTE		NAME		
STREET ADDRESS	646 CHERRY PARK DR N		STREET ADDRESS	646 Cherry Park Dr N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jax FL 32218	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, MATTIE		NAME		
STREET ADDRESS	5730 COPPER HILL LAKES LN E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAY, MAJOR		NAME		
STREET ADDRESS	6547 WIKINLOCKE DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32219		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, EARL		NAME		
STREET ADDRESS	1646 W 45TH ST # 175 BLDG M		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Antoinette Nelson</i>		Date: 5/2/05		Daytime Phone #: (904) 387 5475	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Antoinette Nelson</i>					