

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 707269

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**



04302006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2428267

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KINSEY, CARRIE B
12754 MUIRFIELD BLVD N.
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KINSEY, CARRIE B
1274 MUIRFIELD BLVD W
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
NELSON, ANTOINETTE
646 CHERRY BARK DR N
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OWENS, MATTIE
5730 COPPER HILL LAKES LN E
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAY, MAJOR
6547 WIKINLOCKE DR
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MATTHEWS, EARL
1646 W 45TH ST # 175 BLDG M
JACKSONVILLE, FL 32208**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000557853
05/17/06-80070-011 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06 (904) 381-5475

Date

Daytime Phone #