


**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	<input checked="" type="checkbox"/> \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	

UN0000557853  
 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:** Earl Matthews **4-30-06** **(904) 381-5475**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #