

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707269

FILED
Mar 31, 2009
Secretary of State

Entity Name: GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.

Current Principal Place of Business:

2591 W BEAVER ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

POB 40105
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-2428267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINSEY, CARRIE B
Address: 1274 MUIRFIELD BLVD W
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: NELSON, ANTOINETTE
Address: 646 CHERRY BARK DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: OWENS, MATTIE
Address: 5730 COPPER HILL LAKES LN E
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MAY, MAJOR
Address: 6547 WIKINLOCKE DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: MATTHEWS, EARL
Address: 1646 W 45TH ST # 175 BLDG M
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAY, MAJOR
Address: 6547 W KINLOCKE DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE NELSON

SD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date