


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 708726		
1. Entity Name EVANGEL TEMPLE, INC.		

Principal Place of Business 8152 CHEROKEE ROAD GARDENIA ESTATE BARTOW, FL 33830 US	Mailing Address P.O. BOX 246 EAGLE LAKE, FL 33839 US
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01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2482698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIBSON, JOHN W.
 8152 CHEROKEE ROAD
 C/O EVANGEL TEMPLE
 BARTOW, FL 33830

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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) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000191345 01/24/05-80170-010 61 25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GIBSON, JOHN W JR 2036 15TH ST. SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANIER, LINDA S. 2036 15TH ST. SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTY, BERNICE F 3505 1/2 KING RD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, FLORRIE A 4334 STEPHANIE WAY BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, DAVID 182 MAPLE ST WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Linda S. Lanier Secretary 1-20-05 (863) 293-5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #