


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708726</b> 1. Entity Name EVANGEL TEMPLE, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

**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 \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000661834  
 03/20/07-80058-008 61.25

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	

**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:** *Linda S. Lanier, ST* **3-6-07** **(863) 293-5443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #