


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 708726</b> 1. Entity Name <b>EVANGEL TEMPLE, INC.</b>	
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**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>8152 CHEROKEE ROAD                  GARDENIA ESTATE                  BARTOW, FL 33830 US</b>	Mailing Address <b>P.O. BOX 246                  EAGLE LAKE, FL 33839 US</b>
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07142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>59-2482698</b>	Applied For <input type="checkbox"/> 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

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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 \_\_\_\_\_ 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 September 12, 2008

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

00000055364  
 07/17/08-80002-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE	COB
NAME	GIBSON, JOHN W JR
STREET ADDRESS	2036 15TH ST. SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	ST
NAME	LANIER, LINDA S.
STREET ADDRESS	2036 15TH ST. SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	MARTY, BERNICE F
STREET ADDRESS	3505 1/2 KING RD
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	GAINES, FLORRIE A
STREET ADDRESS	4334 STEPHANIE WAY
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	DV
NAME	BROWN, DAVID
STREET ADDRESS	182 MAPLE ST
CITY-ST-ZIP	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 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, Linda S. Lanier      7-16-08      (863) 293-5443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Data      Daytime Phone #