2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an

address, with all other like empowered.

Feb 27, 2006 08:00 AM DOCUMENT # 716134 **Secretary of State** 1. En Name WARD TEMPLE A.M.E. CHURCH, INC. Principal Place of Business Mailing Address 1005 5TH ST W 311 10TH AVEN DR. W **BRADENTON FL 34205 BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business Suite Apt. #, etc. Suite, Apt. #. etc. CR2E037 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 65-1085238 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDEN, JAMES T Street Address (P.O. Box Number is Not Acceptable) 311 10TH AVE DR W. **BRADENTON FL 34205** City 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 Signature, typed or printed name of registered agent and title if approache (NOTE: Registered Agent signature required when reinstalling) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete PD TITLE ☐ Change TITLE GOLDEN, JAMES T. NAME NAME U00000447760 311 10TH AVE DR WEST STREET ADDRESS STREET ADDRESS 03/08/06-80067-023 61.25 **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Change SDT Adding ☐ Delete TITLE ALICIA NEAL NAME NAME 3520 -30TH LN. E STREET ADDRESS STREET ADDRESS BRADENTON FL 34208 CITY - ST - ZIP CHY-31-21P ☐ Change Addition ☐ Defete TITLE DAVIS, EUNICE NAME NAME 811 3RD STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ☐ Channe T Addis ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZP Change Delete TITLE T)TI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Adam ☐ Delete TATLE NAME MARKE STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-21P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1

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