

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 6 PM 12:18

DOCUMENT # 724579 (8)

1. Corporation Name

HOLY TEMPLE OF GOD IN CHRIST, INC.

Principal Place of Business

1301 WEST 37TH STREET  
RIVIERA BEACH FL 33404-2018

Mailing Address

1301 WEST 37TH STREET  
RIVIERA BEACH FL 33404-2018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/18/1972

3a. Date of Last Report  
04/11/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GILBERT, RUBY (PASTOR)  
361 WEST 18TH STREET  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |
|----------------|-------------------------|
| TITLE          | ED                      |
| NAME           | GILBERT, ELDER MONROE   |
| STREET ADDRESS | 361 WEST 18TH STREET    |
| CITY- ST- ZIP  | RIVIERA BEACH FL        |
| TITLE          | SD                      |
| NAME           | HUGHES, MARILYN GILBERT |
| STREET ADDRESS | 826 DATE PALM DR        |
| CITY- ST- ZIP  | LAKE PARK FL            |
| TITLE          | TMD                     |
| NAME           | GILBERT, LUCILLE        |
| STREET ADDRESS | 361 WEST 18TH STREET    |
| CITY- ST- ZIP  | RIVIERA BEACH FL        |
| TITLE          | PTD                     |
| NAME           | GILBERT, RUBY           |
| STREET ADDRESS | 361 WEST 18TH STREET    |
| CITY- ST- ZIP  | RIVIERA BEACH FL        |
| TITLE          | T                       |
| NAME           | MURPHY, WILLIE          |
| STREET ADDRESS | 853 NW 2ND ST.          |
| CITY- ST- ZIP  | FLORIDA CITY FL         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Ruby Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95 (407) 8480730  
Date Daytime Phone #