


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90144 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724579**

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

**361 W. 18 ST  
RIVIERA BEACH FL 33404**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**10/18/1972**

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

9. Name and Address of Current Registered Agent

**GILBERT, RUBY REV  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE  
NAME **GILBERT, RUBY**  
STREET ADDRESS **361 18 ST**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **S** ☐ DELETE  
NAME **HUGHES, MARILYN**  
STREET ADDRESS **826 DATE PALM DR**  
CITY-ST-ZIP **LAKE PARK FL 33404**

TITLE **GILBERT, BOBBY** ☒ DELETE  
NAME **GILBERT, BOBBY**  
STREET ADDRESS **6116 PINWOOD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **T** ☐ DELETE  
NAME **GILBERT, LUCILLE**  
STREET ADDRESS **361 W 18 ST**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **T** ☐ DELETE  
NAME **MURPHY, WILLIE**  
STREET ADDRESS **853 NW 2ND ST.**  
CITY-ST-ZIP **FLORIDA CITY FL**

TITLE **T** ☒ DELETE  
NAME **GILBERT, BOBBY**  
STREET ADDRESS **4811 PINWOOD AVE**  
CITY-ST-ZIP **W PALM BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Same

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Marilyn A. Hughes  
326 Date Palm Dr  
Lake Park, FL 33403

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Rodney E. Hughes  
326 Date Palm Dr  
Lake Park, FL 33403

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Same

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Same

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Dorothy Murphy  
853 NW 2nd St.  
Florida City, FL

14. 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 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, with all other like amendments.

SIGNATURE:

**Ruby Gilbert** 5-6-99 561.8480730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)