

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724579**

1. Entity Name  
**HOLY TEMPLE OF GOD IN CHRIST, INC.**



Principal Place of Business  
**361 W 18 STREET  
RIVIERA BEACH, FL 33404**

Mailing Address  
**361 W. 18 ST  
RIVIERA BEACH, FL 33404**



03202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**GILBERT, RUBY REV  
361 WEST 18TH STREET  
RIVIERA BEACH, FL 33404**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	GILBERT, EUGENE
STREET ADDRESS	310 LAKE SHORE DR. APT. #1
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	S
NAME	HUGHES, MARILYN A
STREET ADDRESS	326 DATE PALM DR
CITY-ST-ZIP	LAKE PARK, FL 33404
TITLE	T
NAME	HUGHES, RODNEY E
STREET ADDRESS	326 DATE PALM DR
CITY-ST-ZIP	LAKE PARK, FL 33404
TITLE	T
NAME	GILBERT, LUCILLE
STREET ADDRESS	361 W 18 ST
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000497231  
04/22/06-80045-010 61.25

**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 Ruby Gilbert Rev. Ruby Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 848-0730  
Daytime Phone #