

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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  
RIVERIA BEACH, FL 33404**

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



08262008 No Chg-NP

CR2E037 (4/06)

**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

**6. 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

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

(NOTE: Registered Agent signature required when restoring)

DATE

**Filing Fee Is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000958853  
09/03/08-80005-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GILBERT, EUGENE  
310 LAKE SHORE DR. APT. #1  
WEST PALM BEACH, FL 33403**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HUGHES, RODNEY E  
326 DATE PALM DR  
LAKE PARK, FL 33404**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

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

08-27-2008 (561) 848-0730  
Date Daytime Phone #