

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90188 009 ****70.00

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04182007 Chg-NP CR2E037 (12/06)

DOCUMENT # 728826 1. Entity Name PENTACOSTAL TEMPLE CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 2230 22ND STREET SOUTH ST. PETERSBURG, FL 33712			Mailing Address 2230 22ND STREET SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 00-3471562	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, WILLIAM E SR. 4327 CORTEZ WAY SOUTH SAINT PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD ANDERSON, WILLIAM E SR. 4327 CORTEZ WAY SOUTH SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLCOMBE, SAM JR. 4400 COLUMBUS WAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LAWSON, WILLIAM 2442-27TH STREET S. ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, EVA PEARL 2221 UNION STREET S. ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASH, KEITH N 3040 52ND AVENUE S. ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASH, KEITH N 4140 CORTEZ WAY SOUTH ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>William E. Anderson</u> William E. Anderson, Sr. 4/23/07 (727) 647-2514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					