


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

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 728826 1. Entity Name PENTACOSTAL TEMPLE CHURCH OF GOD IN CHRIST, INC.	
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Principal Place of Business 2230 22ND STREET SOUTH ST. PETERSBURG, FL 33712	Mailing Address 2230 22ND STREET SOUTH ST. PETERSBURG, FL 33712
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**DO NOT WRITE IN THIS SPACE**



04192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 00-3471562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM E SR.  
 4327 CORTEZ WAY SOUTH  
 SAINT PETERSBURG, FL 33712

**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: *William E Anderson* DATE: 4/21/08

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000921162  
 05/14/08-80023-010 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD ANDERSON, WILLIAM E SR. 4327 CORTEZ WAY SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLCOMBE, SAM JR. 4400 COLUMBUS WAY SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LAWSON, WILLIAM 2442-27TH STREET S. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, EVA PEARL 2221 UNION STREET S. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASH, KEITH N 4140 CORTEZ WAY SOUTH ST. PETERSBURG, FL 33712
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: *William E Anderson* DATE: 4/21/08 (727) 647-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #