


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 731826	
1. Entity Name CHRISTIAN FELLOWSHIP TEMPLE, INC.	

Principal Place of Business 251 OHIO AVENUE WEST P.O. BOX 1525 MACCLENLY, FL 32063	Mailing Address 251 OHIO AVENUE WEST P.O. BOX 1525 MACCLENLY, FL 32063
---	---

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2165531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRKLAND, GRANVEL S.
BAKER COUNTY COURTHOUSE
MACCLENLY, FL 32063

**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 re-stating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, TIMOTHY 495 PARK ST GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DAVID 4605 BIRCH ST MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, LINDA 2744 RICHARDSON RD GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAINEY, BEVERLY 4204 DOGWOOD ST MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, RAYMOND LEWIS 653 KATIE COURT MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHNNY 13008 MUD LAKE RD. GLEN SAINT MARY, FL 32040

1100000185023
01/20/05-80055-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sandy Gainez Beverly Gainez 1-14-05 904 259-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #