

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 001 \*\*\*\*61.25

**DOCUMENT # 731826**

1. Entity Name

CHRISTIAN FELLOWSHIP TEMPLE, INC.



Principal Place of Business

251 OHIO AVENUE WEST  
P.O. BOX 1525  
MACCLENNY FL 32063

Mailing Address

251 OHIO AVENUE WEST  
P.O. BOX 1525  
MACCLENNY FL 32063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2165531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent--

KIRKLAND, GRANVEL S.  
BAKER COUNTY COURTHOUSE  
MACCLENNY FL 32063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME THOMAS, TIMOTHY  
STREET ADDRESS 495 PARK ST  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE PD ☐ Delete  
NAME THOMAS, DAVID  
STREET ADDRESS 4605 BIRCH ST  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE SD ☐ Delete  
NAME RICHARDSON, LINDA  
STREET ADDRESS 2744 RICHARDSON RD  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE TD ☐ Delete  
NAME GAINNEY, BEVERLY  
STREET ADDRESS 4204 DOGWOOD ST  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE D ☐ Delete  
NAME CREWS, RAYMOND LEWIS  
STREET ADDRESS 653 KATIE COURT  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE D ☐ Delete  
NAME RICHARDSON, JOHNNY  
STREET ADDRESS 13008 MUD LAKE RD.  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition  
NAME Timothy Thomas  
STREET ADDRESS P.O. Box 1625  
CITY-ST-ZIP Glen St. Mary, FL. 32040

TITLE PD ☒ Change ☐ Addition  
NAME David Thomas  
STREET ADDRESS 1323 Copper Oaks Ct.  
CITY-ST-ZIP Macclenny, FL. 32063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beverly Gainey Beverly Gainey TD

3-12-06

904-259-9582