

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90008 011 \*\*\*\*70.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

KIRKLAND, GRANVEL S.  
BAKER COUNTY COURTHOUSE  
MACCLENNY FL 32063

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
THOMAS, TIMOTHY  
6133 COPPER RIDGE CIRCLE  
MACCLENNY FL 32063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
THOMAS, DAVID  
1323 COPPER OAKS CT  
MACCLENNY FL 32063 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Jim B. Register  
13604 Turner Cemetery Rd.  
SANDERSON, FL. 32087 ☐ Change ☒ Addition

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

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

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

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

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

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

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 Gaine

2/13/08 (pm) 259-9582