

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731826

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP TEMPLE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

251 OHIO AVENUE WEST  
MACCLENNY, FL 32063

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 1525  
MACCLENNY, FL 32063

FEI Number: 59-2165531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRKLAND, GRANVEL S.  
BAKER COUNTY COURTHOUSE  
MACCLENNY, FL 32063 US

## Name and Address of New Registered Agent:

KIRKLAND, GRANVEL S.  
5 WEST MACCLENNY AVE.  
MACCLENNY, FL 32063 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: THOMAS, TIMOTHY  
Address: 6133 COPPER RIDGE CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

Title: PD ( ) Delete  
Name: THOMAS, DAVID,  
Address: 1323 COPPER OAKS CT  
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Delete  
Name: REGISTER, JIM B  
Address: 1360 TURNER CEMETARY RD  
City-St-Zip: SANDERSON, FL 32087

Title: TD ( ) Delete  
Name: GAINEY, BEVERLY  
Address: 4204 DOGWOOD ST  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: CREWS, RAYMOND LEWIS  
Address: 653 KATIE COURT  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: RICHARDSON, JOHNNY  
Address: 13008 MUD LAKE RD.  
City-St-Zip: GLEN SAINT MARY, FL 32040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY B GAINEY

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date