

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # 733489

(9)

1. Corporation Name

HOLY TEMPLE OF GOD, INC.

Principal Place of Business

Mailing Address

820 S.E. 18TH TERR
P.O. BOX 975
GAINESVILLE FL 32602

3015 NE 13TH DRIVE
GAINESVILLE FL 32609
US

3. Date Incorporated or Qualified

08/05/1975

4. FEI Number

59-2786486

Applied For

Not Applicable

2. Principal Place of Business

21 1220 NE 23rd Avenue

2a. Mailing Address

Suite, Apt. #, etc.

22 P.O. Box 975

Suite, Apt. #, etc.

City & State

23 Gainesville, FL

City & State

Zip

24 32609

Country

25 US

Zip

29 30

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMSEY, JAMES W., REV.
808 SE 20TH STREET
GAINESVILLE FL 32641

10. Name and Address of New Registered Agent

81 Name

Wanda J. Nelson

82 Street Address (P.O. Box Number is Not Acceptable)

1246 NE 16th Place

84 City

Gainesville

FL

85 Zip Code

32609

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE Wanda J. Nelson Wanda J. Nelson, General Executive Secretary 8-29-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CAMPS, WALTER
STREET ADDRESS 3015 NE 31ST DRIVE
CITY-ST-ZIP GAINESVILLE FL

TITLE TSD ☐ DELETE
NAME MCGOLLIE, ERNEST, JR.
STREET ADDRESS HWY 28 EAST
CITY-ST-ZIP MELROSE FL

TITLE VD ☐ DELETE
NAME BRYANT, MAMIE
STREET ADDRESS BIG APPLE ROAD
CITY-ST-ZIP EAST PALATKA FL

TITLE RS ☐ DELETE
NAME CAMPS, WILMA R.
STREET ADDRESS 3015 NE 31ST DRIVE
CITY-ST-ZIP GAINESVILLE FL

TITLE RS ☐ DELETE
NAME JACKSON, ALONZO
STREET ADDRESS OAKLAND AVENUE
CITY-ST-ZIP SAN MATEO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST ☐ Change ☒ Addition
1.2 NAME Rosa Hutchinson
1.3 STREET ADDRESS 3884 SE 8th Avenue
1.4 CITY-ST-ZIP Melrose, FL 32666

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Carl McCullough
2.3 STREET ADDRESS 824 Roselyn Drive
2.4 CITY-ST-ZIP Rantoul, IL 61866

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Harvey Hutchinson Jr.
3.3 STREET ADDRESS 3869 SE 9th Lane
3.4 CITY-ST-ZIP Melrose, FL 32666

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Camps 9-2-98 (352)378-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)