

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90011 009 \*\*\*\*61.25

DOCUMENT # 733489

Corporation Name

HOLY TEMPLE OF GOD, INC.

Principal Place of Business

220 NE 23RD AVENUE  
PO BOX 975  
GAINESVILLE FL 32609  
JS

Mailing Address

3015 NE 13TH DRIVE  
GAINESVILLE FL 32609  
US

1 10010 0000 0000 0000 0000 0000 0000  
\* 6 1 4 3 1 0 - 9 0 0 1 1 - 6 \*



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	08/05/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.:	4. FEI Number
	27	59-2786486
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	28	
Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	30

9. Name and Address of Current Registered Agent

NELSON, WANDA J  
1246 NE 16TH PLACE  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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, General Executive Secretary 8/31/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	PD CAMPS, WALTER 3015 NE 31ST DRIVE GAINESVILLE FL	1.1 TITLE	VD
DE		1.2 NAME	Hutchinson, Harvey Jr.
DE		1.3 STREET ADDRESS	3884 SE 8th Avenue
DE		1.4 CITY-ST-ZIP	Melrose, FL 32666
DE	TSD MCGOLLIE, ERNEST, JR. HWY 26 EAST MELROSE FL	2.1 TITLE	
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE	VD BRYANT, MAMIE BIG APPLE ROAD EAST PALATKA FL	3.1 TITLE	
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE	RS CAMPS, WILMA R. 3015 NE 31ST DRIVE GAINESVILLE FL	4.1 TITLE	
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE	RS JACKSON, ALONZO OAKLAND AVENUE SAN MATEO FL	5.1 TITLE	
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE	ST HUTCHINSON, ROSA 3884 SE 8TH AVENUE MELROSE FL 32666	6.1 TITLE	
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Walter Camps SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

(352) 378-1890

Daytime Phone #

CR2E037 (5/99)