

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 011 ****70.00

DOCUMENT # 733489 1. Entity Name HOLY TEMPLE OF GOD, INCORPORATED					
Principal Place of Business % LANDMARK HOLY TEMPLE OF GOD 1220 N.E. 23RD AVENUE GAINESVILLE, FL 32609 US				Mailing Address P. O. BOX 975 GAINESVILLE, FL 32602	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2786486	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, WANDA J. 1246 NE 16TH PLACE GAINESVILLE, FL 32609				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPS, WALTER SR.		NAME		
STREET ADDRESS	3015 NE 13TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHINSON, HARVEY JR.		NAME		
STREET ADDRESS	3869 SE 9 LANE		STREET ADDRESS		
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, MAMIE		NAME		
STREET ADDRESS	113 BIG APPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPS, WILMA R		NAME		
STREET ADDRESS	3015 NE 13TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPS, ALFRED		NAME		
STREET ADDRESS	3015 NE 13 DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, CARL		NAME		
STREET ADDRESS	687 ST.ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	RANTOUL, IL 61866		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Walter Camps</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 04/11/06 Daytime Phone #: (352) 378-1890 (352) 514-6417		